

# *ANNUAL REPORT* *2002*



## ***SUFFOLK COUNTY*** ***DEPARTMENT OF HEALTH SERVICES***

**Robert J. Gaffney**  
County Executive

**Clare B. Bradley, M.D., M.P.H.**  
Commissioner

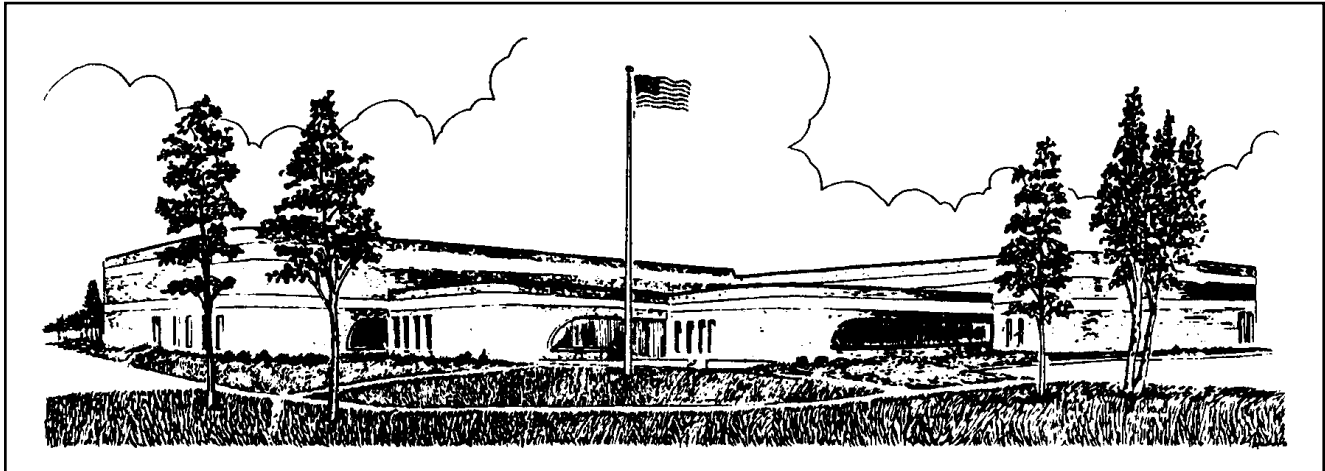
SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES

ADMINISTRATION OFFICES

225 Rabro Drive East

Hauppauge, New York

11788



HEALTH INFORMATION .....	853-3000
OFFICE OF HEALTH EDUCATION & PUBLIC INFORMATION .....	853-3162
DIVISION OF PATIENT CARE SERVICES .....	853-3013
DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES .....	853-8500
DIVISION OF PUBLIC HEALTH .....	853-3055
DIVISION OF ENVIRONMENTAL QUALITY .....	853-3081
DIVISION OF EMERGENCY MEDICAL SERVICES .....	853-5800
DIVISION OF MEDICAL-LEGAL INVESTIGATIONS & FORENSIC SCIENCES .....	853-5555
JOHN J. FOLEY SKILLED NURSING FACILITY .....	852-4400
BUREAU OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS .....	853-3130
VENEREAL DISEASE HOTLINE.....	853-3147
AIDS HOTLINE .....	952-2083
PRENATAL CARE ASSISTANCE PROGRAM HELPLINE .....	853-3033



**ROBERT J. GAFFNEY**  
**COUNTY EXECUTIVE'S STATEMENT**

I think that most of you will agree that we live in uncertain times. Issues of national security and the slumping economy have shaken the confidence of many residents. During times such as these, we need strong and capable leaders to guide us. Dr. Clare Bradley, Commissioner of the Suffolk County Department of Health Services, is such a leader.

Dr. Bradley has been with the Department of Health Services since 1988. She has served as Commissioner since October 1998. Prior to her appointment as Commissioner, she served as Acting Commissioner, and as Deputy Commissioner from 1994 – 1997.

In spite of these uncertain times, through the efforts of Dr. Bradley and her staff, the residents of Suffolk County can be certain that those in need of health care will be able to get quality services at one of the County's health centers. Children without medical insurance will receive health care and prescription drug coverage through the Suffolk Health Plan's Child Health Plus Program. Residents in need of long term care will find a home in the John J. Foley Skilled Nursing Facility. Individuals wrestling with mental health or substance disorders will receive quality services through the programs offered by the Division of Mental Hygiene. The food we eat in our restaurants will be safe, as will the water we drink and the air we breathe. Because of Dr. Bradley's leadership, there is certainty in a sometimes uncertain world.

It was with great sorrow that I accepted Dr. Bradley's resignation, effective January 3, 2003. I wish her all the best in her new endeavors. Although we will miss Dr. Bradley, I am certain that in the years to come, thanks to its many dedicated employees, the Department of Health Services will continue to provide the residents of Suffolk County with high quality services.

A handwritten signature in cursive script, reading "Robert J. Gaffney".

**CLARE B. BRADLEY, M.D., M.P.H.**  
**COMMISSIONER'S MESSAGE**



As we perform our professional responsibilities, it is easy to become complacent. Programs are running smoothly, and services are being provided at adequate levels. Rather than looking to change what is already in place, there is a tendency to let things ride. During 2002, the Suffolk County Department of Health Services has worked diligently not only to continue to provide quality services, but also to improve our response to the individuals we serve.

Improvements to the health center network include the full implementation of an automated health center information system, which includes computerized medical records, scheduling, billing and accounts receivable components. In addition, improvements to the health centers physical plants have been made to improve patient flow and reduce waiting times.

A Public Health Bioterrorist Incidence Response Team was created to strengthen and improve the Department's ability to plan and respond to biological and chemical terrorism. The team is responsible for training and educating the medical community and the public, as well as developing in-service training programs to educate Department of Health Services staff. Surveillance and response initiatives are also an important component of the program.

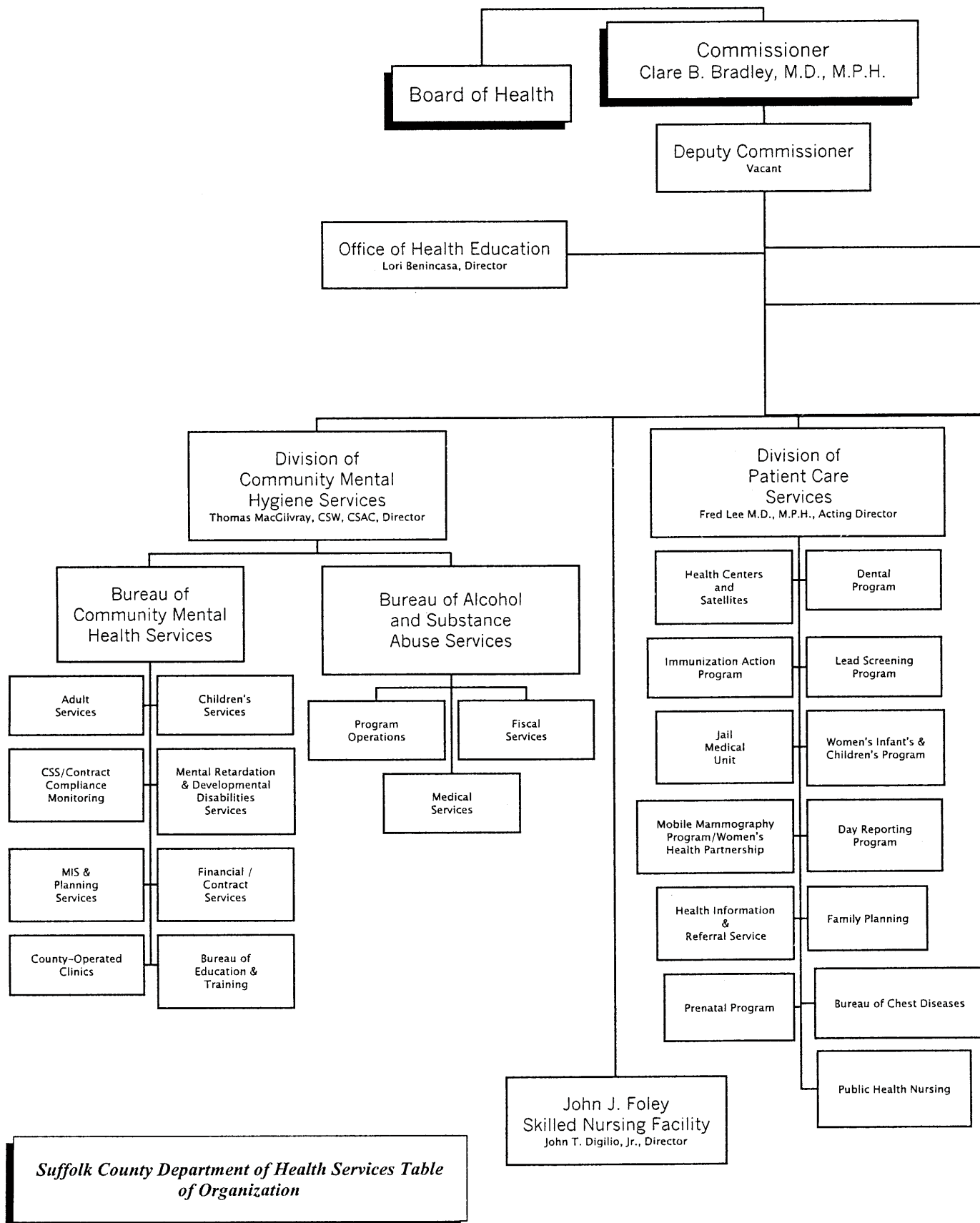
A restaurant inspection website, which enables residents and visitors to make informed decisions when selecting one of the more than 4,500 establishments under permit by the Department of Health Services, is operational, and allows users to search the entire food establishment database by business name or by a specific town, village or hamlet.

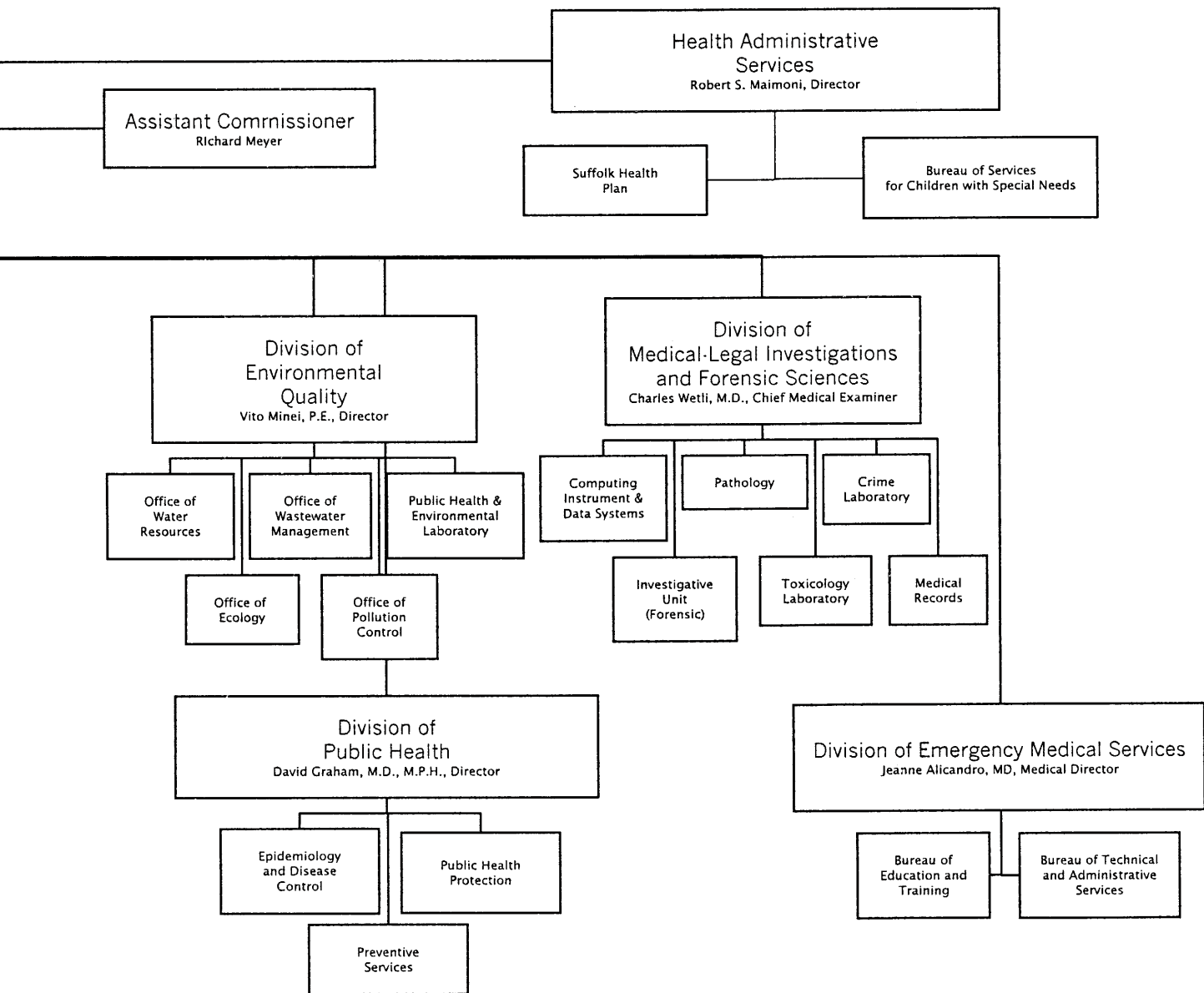
To improve its service to the public, the Division of Environmental Quality has instituted new procedures intended to reduce the waiting time for plan review and approval.

The Division of Emergency Medical Services has been working closely with the County's volunteer ambulance corps in regard to improving ambulance response time, so as to assure that our residents receive emergency medical services within an appropriate period of time.

We have made great strides, but there is more to do. I am sure that with a sustained focus and much hard work we will continue to improve the services we deliver and our response to the residents of Suffolk County.

*Clare B Bradley MD MPH*





# LOCATIONS OF HEALTH SERVICES' FACILITIES

## HEALTH ADMINISTRATION

225 Rabro Drive East  
Hauppauge, N.Y. 11788

## PATIENT CARE SERVICES

### NURSING OFFICES

Islip Nursing Office  
5 Shore Lane  
Bay Shore, N.Y. 11706  
854-0435

Bay Shore Nursing Office  
5 Shore Lane  
Bay Shore, N.Y. 11706  
854-0437

North Brookhaven Nursing Office  
3600 Route 112  
Coram, N.Y. 11727  
854-2209

South Brookhaven Nursing Office  
3600 Route 112  
Coram, N.Y. 11727  
854-2195

Long Term Home Health Care  
Unit/AIDS Home Care Program  
Suffolk County Center  
Riverhead, N.Y. 11901  
852-1581

Riverhead Nursing Office  
Suffolk County Center  
Riverhead, N.Y. 11901  
852-1591

Wyandanch Nursing Office  
887 Kellum Street  
Lindenhurst, N.Y. 11757  
854-4031

### HEALTH CENTERS

Brentwood Family Health Center  
1869 Brentwood Road  
Brentwood, N.Y. 11717  
853-3400

The Elsie Owens  
North Brookhaven County  
Health Center at Coram  
3600 Route 112  
Coram, N.Y. 11727  
854-2301

Martin Luther King, Jr.  
Community Health Center  
1556 Straight Path  
Wyandanch, N.Y. 11798  
854-1700

Riverhead Health Center  
300 Center Drive  
Suffolk County Center  
Riverhead, N.Y. 11901  
852-1800

The Marilyn Shellabarger South  
Brookhaven Health Center East  
550 Montauk Hwy.  
Shirley, N.Y. 11967  
852-1000

South Brookhaven Family  
Health Center West  
365 East Main Street  
Patchogue, N.Y. 11772  
854-1200

Tri-Community Health Center  
1080 Sunrise Hwy.  
Amityville, N.Y. 11701  
854-1000

Dolan Family Health Center  
284 Pulaski Road  
Greenlawn, N.Y. 11746  
425-5250

## PUBLIC HEALTH SERVICES

### PUBLIC HEALTH PROTECTION

Western District Office  
Food, General Sanitation  
and Radiation Health  
North County Complex, Building #928  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-6974 (Food) 853-6975 (Gen. San.)  
853-8541 (Radiation Health)

Eastern District Office  
Food and General Sanitation  
Riverhead County Center  
Riverhead, N.Y. 11901  
852-2067 (Food) 852-2069 (Gen. San.)

### Satellite Clinics

316 Accabonac Road East Hampton 852-7608	201 Manor Place Greenport 852-8622
45 West Suffolk Ave. Central Islip 853-2710	Meeting House Lane Southampton 852-8852

## JOHN J. FOLEY SKILLED NURSING FACILITY

14 Glover Road  
Yaphank, N.Y. 11980  
852-4400



## **ENVIRONMENTAL QUALITY**

Office of Ecology  
County Center  
Riverhead, N.Y. 11901  
852-2077

Pollution Control  
15 Horseblock Place  
Farmingville, N.Y. 11738  
854-2501

Public & Environmental Health Laboratory  
North County Complex, Building #487  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-5528

Wastewater Management  
County Center  
Riverhead, N.Y. 11901  
852-2100

Water Resources  
220 Rabro Drive East  
Hauppauge, N.Y. 11788  
853-2250

## **MEDICAL-LEGAL INVESTIGATIONS AND FORENSIC SCIENCES**

Sidney B. Weinberg Center for Forensic Sciences  
North County Complex, Building #487  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11787-4311  
853-5555

## **EMERGENCY MEDICAL SERVICES**

H. Lee Dennison Building  
First Floor  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-5800

## **MENTAL HEALTH SERVICES**

Brentwood Mental  
Health Center  
(Clinic, Court Consultation  
Unit, C&Y ICM,  
C&Y ACT Team)  
1841 Brentwood Road  
Brentwood, N.Y. 11717  
853-7300

Assisted Outpatient  
Treatment Program  
North County Complex,  
Building #928  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-6205

Camera Unit  
Case Management Evaluation  
Referral Assessment  
North County Complex,  
Building #928  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-2995

Correctional Facility  
Riverhead, N.Y. 11901  
852-1852

Farmingville Mental  
Health Center  
15 Horseblock Place  
Farmingville, N.Y. 11738  
854-2552

Riverhead Mental  
Health Center  
County Center  
Riverhead, N.Y. 11901  
852-1440

Suffolk County Bureau of  
Training/Education  
North County Complex,  
Building #928  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-2953

Wellness Project  
Brentwood Mental  
Health Center  
1841 Brentwood Road  
Brentwood, N.Y. 11717  
853-7300

## **ALCOHOL AND SUBSTANCE ABUSE SERVICES**

Huntington MMTP Clinic  
689 Jericho Turnpike  
Huntington Station, N.Y. 11746  
854-4400

Babylon MMTP Clinic  
1121 Deer Park Avenue  
North Babylon, N.Y. 11703  
854-1919

North County Complex MMTP Clinic  
North County Complex, Building #151  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-6410

Administration  
North County Complex, Building #928  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11787  
853-8500

Hauppauge Screening and Detoxification  
1330 Motor Parkway  
Hauppauge, N.Y. 11788  
853-7373

Referral and Monitoring Unit  
15 Horseblock Road  
Farmingville, N.Y. 11738  
854-2571

Outpatient Alcohol & Substance Abuse Center  
North County Complex, Building #16  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
853-6281

East End Clinic  
300 Center Drive  
Riverhead, N.Y. 11901  
852-2680

Riverhead Correctional Facility  
100 Center Drive  
Riverhead, N.Y. 11901  
852-1618

Prevention, Education and Training  
North County Complex, Building #928  
Veterans Memorial Hwy.  
P.O. Box 6100  
Hauppauge, N.Y. 11788  
(631) 853-8535



# **SUFFOLK COUNTY BOARD OF HEALTH**

## **MEMBERS**

**Clare B. Bradley, M.D., M.P.H., Chair**

**Honorable Vincent Bove**

**Theodore Jospe**

**Honorable Brian Foley**

**Melvin Fritz, D.O., M.D.**

**Joseph Loidice, M.D., M.P.H.**

**Daniel McGowan**

The Board convened eight meetings during the year. In March the Board enacted amendments to Articles 2 and 10 of the Suffolk County Sanitary Code in order to enable the Department of Health Services to enforce a new local law addressing carbon dioxide emissions from power generating facilities. This action was taken following presentations from staff of the Division of Environmental Quality and the prime sponsor of the local law.

During the remainder of the year, the Board examined in detail three items of public health concern. The Board continued its deliberations on the matter of tanning salons and the significance of their operation with respect to cancer of the skin. These deliberations included an examination of relevant statutes in other states and municipalities, input from members of the tanning industry and a presentation from the chief of dermatology for a local metropolitan area health center. The Board determined that it was in the best interests of public health for the Department to develop an educational program to be shared with the industry and its anticipated consumers.

In another follow-up to an initiative begun in late 2001, the Board held a public hearing on a proposed addition to the Suffolk County Sanitary Code. This addition, Article 17, "Petting Zoos" would regulate commercial animal display and petting shows in order to protect the public from the transmission of communicable diseases such as rabies and salmonellosis. A public hearing was held on February 20, 2002. Following this public hearing the Board requested that the Department meet with representatives of the industry to discuss the proposed regulations and any suggested changes. This process was ongoing throughout the summer and fall. A final draft was presented to the Board at its last meeting in 2002.

The third item at issue before the Board was the public health problem of tobacco smoking. The Board heard presentations from Department staff charged with enforcement of local and state law. In addition, staff updated the Board on the Department's comprehensive tobacco prevention program. This program includes educational initiatives at all school districts in the County and an extensive tobacco cessation program. The Board resolved that it supported stricter clean indoor air regulations and requested that the Suffolk County Legislature enact a proposal before them that would strengthen local clean indoor air regulations.

# OPERATING HIGHLIGHTS      PATIENT VISITS OR SERVICE UNITS

	<u>2001</u>	<u>2002</u>
<b>COMMUNITY HEALTH CENTERS AND SATELLITE CLINICS</b>		
Brentwood Health Center . . . . .	34,588 . . . . .	44,293
Tri Community Health Center . . . . .	31,716 . . . . .	20,447
Martin Luther King Jr. Health Center . . . . .	31,305 . . . . .	28,228
Riverhead Health Center (includes East Hampton and Greenport) . . . . .	10,285 . . . . .	17,711
Southampton Satellite . . . . .	9,045 . . . . .	7,591
South Brookhaven West Health Center . . . . .	31,074 . . . . .	26,504
South Brookhaven East Health Center . . . . .	31,247 . . . . .	27,481
North Brookhaven Health Center . . . . .	30,396 . . . . .	25,271
Central Islip Satellite . . . . .	7,750 . . . . .	11,797
Dolan Family Health Center . . . . .	24,204 . . . . .	25,059
Prenatal Clinics (Total Deliveries) . . . . .	2,610 . . . . .	2,877
Prenatal Clinics (Visits) . . . . .	33,000 . . . . .	40,183
Dental Clinics (Jail, Children's & Ryan White Program) . . . . .	5,444 . . . . .	4,864
Family Planning Clinics . . . . .	23,606 . . . . .	24,633
Mammography Van . . . . .	4,200 . . . . .	2,868
Lead Screenings . . . . .	17,708 . . . . .	18,150
WIC Certifications . . . . .	24,225 . . . . .	24,239
WIC Participants (# checks) . . . . .	181,893 . . . . .	169,989
Immunizations (IAP) . . . . .	40,500 . . . . .	36,000
BOCES-School Based . . . . .	2,167 . . . . .	2,276
Tuberculosis Visits (Infection & Disease) . . . . .	10,601 . . . . .	8,827
Day Reporting Program . . . . .	420 . . . . .	410
<b>NURSING PATIENT VISITS</b>		
Nursing . . . . .	21,775 . . . . .	20,539
Home Health Aide . . . . .	14,292 . . . . .	15,435
Physical Therapy . . . . .	603 . . . . .	417
Medical Social Work . . . . .	449 . . . . .	538
Nutrition . . . . .	3 . . . . .	1
Occupational Therapy . . . . .	1 . . . . .	5
<b>COMMUNITY MENTAL HEALTH CENTERS &amp; CLINICS</b>		
Directly Operated Outpatient Clinics		
Brentwood Mental Health Unit . . . . .	9,881 . . . . .	8,595
Farmingville Mental Health Unit . . . . .	6,148 . . . . .	5,468
Riverhead Mental Health Unit . . . . .	6,317 . . . . .	5,969
Riverhead Jail Mental Health Unit . . . . .	9,432 . . . . .	11,431
Contracted Mental Health Clinics - Outpatient visits . . . . .	120,882 . . . . .	124,025
Workshop/Vocational/Day Training - Client Days . . . . .	72,338 . . . . .	45,757

# OPERATING HIGHLIGHTS      PATIENT VISITS OR SERVICE UNITS

	<u>2001</u>	<u>2002</u>
<b>ALCOHOL AND SUBSTANCE ABUSE TREATMENT CLINICS</b>		
Directly Operated Outpatient Clinics		
Drug Court . . . . .	3,279 . . . . .	3,588
Family Drug Court . . . . .	390 . . . . .	154
Drug-Free Outpatient Clinic . . . . .	833 . . . . .	770
Day Reporting Alcohol/Substance Abuse . . . . .	8,670 . . . . .	6,736
Riverhead Jail . . . . .	5,587 . . . . .	5,671
Methadone Clinics . . . . .	319,714 . . . . .	347,848
Contract Agencies		
Alcohol Outpatient . . . . .	71,416 . . . . .	72,394
Alcohol Residential (bed days) . . . . .	6,598 . . . . .	6,834
Alcohol Crisis (bed days) . . . . .	11,591 . . . . .	11,345
Substance Abuse Outpatient . . . . .	52,768 . . . . .	53,651
<b>D.H.S./D.S.S. EMPLOYABILITY PROJECT</b>		
Number of referrals made to the Employability Project . . . . .	4,163 . . . . .	4,013
Number of assessments . . . . .	2,969 . . . . .	2,740
Number of individuals referred to treatment . . . . .	2,164 . . . . .	1,887
Number of case clients monitored . . . . .	2,164 . . . . .	1,887
Number of individuals reaching employability . . . . .	1,425 . . . . .	1,612
<b>PUBLIC HEALTH SERVICES</b>		
Immunizations and Investigations		
Influenza Immunizations . . . . .	8,003 . . . . .	7,343
Pneumococcal Immunizations . . . . .	491 . . . . .	607
MMR . . . . .	1,784 . . . . .	1,633
Communicable Disease Investigation . . . . .	3,284 . . . . .	2,225
Arthropod-Borne Disease Surveillance		
Mosquito Pools Tested . . . . .	1,137 . . . . .	1,143
Birds Tested . . . . .	376 . . . . .	326
Public Health Protection Visits		
Housing and General Sanitation . . . . .	5,781 . . . . .	8,662
Food Control . . . . .	12,434 . . . . .	12,082
X-Ray Inspection . . . . .	452 . . . . .	534
Animal Bite Investigations . . . . .	1,174 . . . . .	2,375
Temporary Residences . . . . .	2,603 . . . . .	2,345

# OPERATING HIGHLIGHTS      PATIENT VISITS OR SERVICE UNITS

	<u>2001</u>	<u>2002</u>
<b>ENVIRONMENTAL QUALITY</b>		
Drinking Water Quality Samples . . . . .	10,303 . . . . .	11,966
Groundwater Resources Water Levels . . . . .	3,344 . . . . .	3,398
Marine Monitoring Visits <sup>(1)</sup> . . . . .	485 . . . . .	3,458
Waste Water Management Inspections . . . . .	11,585 . . . . .	10,379
Public & Environmental Health Laboratory		
Potable Water		
Inorganics . . . . .	6,661 . . . . .	7,731
Carbamate Pesticides . . . . .	3,004 . . . . .	3,540
Volatile Organics Compounds . . . . .	5,434 . . . . .	6,704
Microextactables . . . . .	4,924 . . . . .	5,996
Dacthal (Herbicide) Metabolites . . . . .	2,903 . . . . .	3,536
Chlorinated Pesticides . . . . .	4,919 . . . . .	5,993
Semi-Volatile Organics . . . . .	1,793 . . . . .	1,709
Herbicide Metabolites . . . . .	1,822 . . . . .	2,271
Tritium & Gross Alpha/Beta Activity . . . . .	997 . . . . .	1,319
Bacteriology . . . . .	3,331 . . . . .	4,874
Industrial & Hazardous Waste		
Volatile Organics Compounds . . . . .	913 . . . . .	1,064
Inorganics . . . . .	902 . . . . .	875
Search Warrant Emergency Call-Outs . . . . .	15 . . . . .	11
Air Quality		
Volatile Organics Compounds . . . . .	519 . . . . .	590
Field Investigations & Port. Instrument. <sup>(2)</sup> . . . . .	51 . . . . .	5,438
Continuous Air Monitoring . . . . .	58,245 . . . . .	61,301
Non-Potable Water		
Fresh Waters (Surface) <sup>(3)</sup> . . . . .	430 . . . . .	904
Sewage <sup>(4)</sup> . . . . .	1,300 . . . . .	761
Marine Waters <sup>(5)</sup> . . . . .	4,162 . . . . .	4,587
Bacteriology (Bathing Beaches) . . . . .	823 . . . . .	535
Chlorophyll A & Brown Tide Counts . . . . .	3,848 . . . . .	2,454

- (1) 2002 includes marine and stream stations sampled (2,141), beaches sampled (444), swimming pools inspected (737) and beaches inspected (136).  
(2) New equipment put into use in 2002 accounts for sharp increase in surveillance.  
(3) Total of fresh water inorganics and bacteriological sample.  
(4) Total of sewage inorganics and bacteriological sample.  
(5) Total of marine inorganics and bacteriological sample.

## BUREAU OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS

### Children Receiving Services

Early Intervention and Preschool . . . . .	12,309 . . . . .	12,589
Children With Special Health Care Needs . . . . .	582 . . . . .	145
Orthodontic . . . . .	895 . . . . .	1,239

# OPERATING HIGHLIGHTS      PATIENT VISITS OR SERVICE UNITS

	<u>2001</u>	<u>2002</u>
<b>EMERGENCY MEDICAL SERVICES</b>		
Emergency Medical Technicians Certified or Recertified . . . . .	621 . . . . .	584
EMT-CC's (Critical Care) Certified or Recertified . . . . .	57 . . . . .	120
Certified First Responders New/Recertified . . . . .	20 . . . . .	6
Persons Receiving Other Specialized Emergency Care Training . . . . .	1,860 . . . . .	2,325
Medical Control Interventions . . . . .	14,008 . . . . .	15,997
Total Requests for EMS Response . . . . .	104,474 . . . . .	106,865
<b>MEDICAL LEGAL INVESTIGATIONS AND FORENSIC SCIENCES</b>		
Medical Investigations		
Number of Deaths Investigated . . . . .	4,454 . . . . .	4,458
Autopsies . . . . .	839 . . . . .	902
External Examinations . . . . .	160 . . . . .	171
Cremation Approvals . . . . .	1,912 . . . . .	2,017
General Toxicology Services		
Test Units . . . . .	102,361 . . . . .	142,012
DWI/DUID Laboratory Services . . . . .	375 . . . . .	460
Drug Abuse Laboratory Services		
Methadone . . . . .	43,380 . . . . .	44,619
Probation . . . . .	28,304 . . . . .	24,502
Crime Laboratory Services		
Samples Submitted . . . . .	48,158 . . . . .	37,427
Crime Scenes Processed . . . . .	114 . . . . .	81

# DIVISIONAL HIGHLIGHTS

## DIVISION OF PUBLIC HEALTH

In 2002, the Federal Government announced the availability of \$60 million dollars in federal funding for "Public Health Preparedness and Response to Bioterrorism". The award for Suffolk County (\$1,419,369) provided grant funding for the period of May 1, 2002 through August 30, 2003. The funds were utilized for critical capacity building in five specified areas including 1) Planning and Assessment, 2) Surveillance, 3) Health Information Technology, 4) Risk Communication, and 5) Education and Training. The funding also created a Public Health Bioterrorist Incidence Response Team, consisting of a physician, public health nurses, public health sanitarian, health program analyst, office systems analyst and clerk typist. The Public Health Preparedness and Response to Bioterrorism Grant required the completion of over forty-five (45) deliverables in 2002. This was successfully accomplished and staff of the Bureau of Bioterrorism Preparedness and Preventive Services continues to make strides toward bioterrorism and emergency preparedness.

Shortly after the intentional release of anthrax in 2001, the Centers for Disease Control and Prevention (CDC) requested that all states monitor for unusual disease patterns. The active surveillance program in Suffolk County requires daily contact with each hospital's emergency department to ascertain any suspect patient presentations and the number of emergency department visits per day. Both active and passive surveillance activities allow for early identification of communicable diseases, early detection of clusters, unexpected illnesses or unusual presentation of diseases that may indicate a biological terrorist event. This program has benefits beyond surveillance for bioterrorist incidents and may assist the Division in recognizing an outbreak of a newly emerging pathogen.

During 2002, the medical staff gave over twenty-five (25) presentations to educate Suffolk County's medical community on bioterrorism

preparedness and response, including information on the smallpox vaccination in anticipation of a national vaccination program. On December 13, 2002, President George W. Bush announced a national smallpox vaccination program. The President's smallpox program called for the formation of volunteer Smallpox Response Teams who would provide critical services in the event of a smallpox attack. To ensure that Smallpox Response Teams can mobilize immediately in an emergency, health care workers and other critical personnel were asked to volunteer to receive the smallpox vaccine.

In addition to providing training on biologic agents, the Division of Public Health also seeks to educate providers on radiation and chemical agents. A three-day training entitled "Emergency Management of Radiation Accident Victims" was conducted on September 23<sup>rd</sup> – 25<sup>th</sup>, co-sponsored by the Suffolk County Department of Health Services and Brookhaven National Laboratory. During this event experts from the Radiation Emergency Assistance Center/Training Site (REAC/TS) from the Oak Ridge Institute for Science and Education provided instruction. Eighty-four individuals were registered for this event including physicians, nurses, physician assistants, and other key personnel from local hospital emergency departments and the Department of Health Services. Members of the Police Arson Squad also attended the course. This seminar provided a timely opportunity for physicians and nurses working in local emergency departments to develop and improve skills and knowledge related to recognition and treatment in the event of a radiation event.

A coordinated team of criminal and epidemiological investigative staff was created to coordinate bioterrorism investigations. Procedures for addressing identification of unknown substances, protocols for collecting and packaging specimens, securing cold storage and chain of custody for contaminated items and potential criminal evidence were developed.



In 2002, the Bureau of Epidemiology and Disease Control investigated, processed and reported 1,753 confirmed cases of communicable disease to the New York State Department of Health (NYSDOH), excluding sexually transmitted diseases, which are handled by the STD-HIV/AIDS Control Unit. Over 2,225 initial cases were investigated resulting in the final 1,753 reported. Of those cases investigated but not reported, the majority (66%) were found to have clinical findings that did not meet case definition upon in-depth investigation. Twenty percent were found to have a primary residence other than Suffolk County, and 14% were found to have false positive laboratory results.

For the fourth consecutive year, the presence of West Nile virus (WNV) was confirmed in Suffolk County. Extensive human, bird, horse and mosquito surveillance programs were again instituted with the reestablishment of the WNV hotline. Eight human cases with two fatalities from West Nile disease occurred in 2002. The WNV hotline was operational, with the assistance of seasonal employees, from June through September, corresponding with mosquito activity. The hotline received over 3,600 calls regarding dead or ill bird sightings. A total of 180 birds, mostly crows, tested positive for presence of the virus, which represents 13% of all the positive birds in New York State.

The Perinatal Hepatitis B Prevention program, funded under the Immunization Action Plan, was transferred to Public Health as of January 1, 2002. The program's objective is to prevent the spread of Hepatitis B to the newborn infants of HbsAg positive women. All infants born to HbsAg positive mothers are monitored to insure they receive immune globulin at birth and 3 doses of hepatitis B vaccine at specific intervals. Follow-up includes blood serology to test for HbsAg and its antibody to determine the effectiveness of the vaccine. During 2002, case management was provided to approximately 75 HbsAg positive women, 75 infants, and 20 prenatal HbsAg positive women. Household and sexual contacts were also offered education and prophylactic immunization. Each new prenatal hepatitis B carrier was contacted and provided education regarding the disease, the need for testing and vaccinating sexual and household contacts, and the vaccination schedule for the infant. Once the woman delivered, the infant's pediatrician was contacted and treatment reviewed. Surveillance

continued until immunizations were completed and serological tests demonstrated immunity. During 2002, staff visited each delivery hospital and the majority of County health centers, to review treatment protocols with medical staff.

In addition, Bureau staff successfully completed its yearly vaccination campaigns. The program, which provided free Measles-Mumps-Rubella (MMR) vaccine to persons attending college or entering elementary schools, continued with 1,633 students immunized in 2002. Previous experience in influenza vaccine shortage encouraged the Department to purchase the vaccine from multiple vendors. The vaccine was delivered in time for the 49 clinics that were held, providing immunizations for 7,343 individuals for influenza and 607 for pneumonia.

Lyme disease continued to be a major health problem in Suffolk County. This is especially true on the east end, in Brookhaven Town and on Fire Island. The state-funded Lyme disease coordinator position was eliminated in 2000, resulting in a decline in physician reporting. However, the disease incidence remained present. During 2002, 513 cases of Lyme disease were reported. The Lyme disease educator conducted 135 school-based and community presentations to over 5,297 students and teachers, and 70 community presentations to 287 residents. The educator presented information at medical facilities, community agencies and health fairs in Suffolk County. Public Health distributed thousands of the updated Lyme disease pamphlets through community libraries, civic groups, and schools and on request from the public or physicians.

The STD-HIV/AIDS Control Unit is responsible for the reporting, investigation and control of sexually communicable diseases and HIV/AIDS. During 2002, 501 cases of gonorrhea were investigated. Of these, 103 patients were interviewed and 92 contacts were identified, interviewed and referred for medical follow-up. In addition, 66 cases of syphilis were identified. Of these, 28 were interviewed; 13 contacts were identified, of which 13 were examined and treated. Chlamydia is reportable in New York State as of August 2000. In 2002, 1,190 cases were reported; 183 Chlamydia interviews were conducted, and 117 contacts were identified. All contacts located were counseled and referred for testing and treatment at a County funded facility.



As of December 31, 2001, 3,535 cumulative CDC-defined AIDS cases have been reported in Suffolk County since the identification of the syndrome. Of these, 74 % were male, 31% were African-American, and 14% were Hispanic. Eighty-four percent were between 20 and 49 years of age. Among the adult AIDS patients in the County, 37% were injecting drug abusers, and 11% acquired AIDS through heterosexual contact. Over 95% of the 63 pediatric AIDS cases were born to HIV infected mothers. The County implemented NYS's HIV Reporting and Partner Notification Laws on June 1, 2000. In conjunction with the State Health Department, the County continues to offer confidential and anonymous serology testing and counseling programs. Any individual who feels that he/she may have been exposed to HIV can be tested.

Personnel from the Bureaus of Epidemiology and Disease Control and Public Health Protection staff the Rabies Prevention Program. In 2002, 1,076 animal bites were reported, requiring 2,375 visits to verify the animal's immunization records or to monitor confinement of the animal when warranted. These investigations resulted in 98 animal specimens being submitted to Albany for rabies testing. The number of raccoons tested for rabies returned to its usually low number (5). Numbers last year were very high due to a cyclical distemper epidemic. All tested negative for rabies. Of the 98 animals submitted by Suffolk, 37 were bats, of which 2 were found to be positive for rabies. Post-exposure prophylaxis was provided to 12 individuals exposed to possibly rabid animals. There were no instances in which rabies was transmitted from animals to humans in 2002.

The Bureau of Arthropod Borne Disease conducted an arbovirus surveillance program for Eastern Equine encephalitis (EEE) virus and West Nile virus (WNV) from June 4 through October 2, 2002. Weekly mosquito trapping was conducted in every Town. In total, 44,940 female mosquitoes and 3,413 male mosquitoes were identified representing 26 different species. A total of 1,143 mosquito pools were sent to NYSDOH laboratory for arbovirus testing. There were 34 positive pools for West Nile virus (Huntington 5, Babylon 3, Smithtown 5, Islip 6, Brookhaven 7, Riverhead 6, Southampton 1, East Hampton 1) and no positive mosquito pools for EEE virus.

In addition to mosquitoes, birds were collected and shipped to DEC's wildlife pathology

laboratory for West Nile virus testing. In 2002, there were 180 positive birds from nine Towns (Huntington 62; Babylon 10; Smithtown 22; Islip 35; Brookhaven 31; East Hampton 3; Riverhead 1; Southampton 12; Southold 4) that tested positive for WNV.

From April 29<sup>th</sup> to October 5<sup>th</sup>, mosquitoes were collected at 27 New Jersey trap sites to indicate current mosquito population levels. Total collections yielded the identification of 19,676 female mosquitoes, which represented 25 different species and 4,419 male mosquitoes. Because these mosquito specimens are killed during collection, they cannot be tested for the presence of arboviruses (i.e. EEE virus or WNV).

The Bureau of Public Health Protection is comprised of the Food Control, General Sanitation, Temporary Residence, Radiation Control, Training and Plan Review and Enforcement Units.

The Food Control Unit's staff conducts inspections of facilities to protect the public from food borne disease and health nuisances. The Section conducted over 12,000 inspections and field visits and responded to 862 consumer complaints. Two hundred forty-six food borne illness complaints involving 410 persons were investigated. Three thousand nine hundred and forty Suffolk County Food Manager's Certificates were issued to food service operators. More than 25,000 pounds of unwholesome food were embargoed, 757 formal administrative hearings were held, and 32 non-compliant food establishments were temporarily closed. Thirty-seven tattoo and body-piercing establishments were placed under permit in accordance with Article 14 of the Suffolk County Sanitary Code.

The Temporary Residence Unit is charged with regulating four categories of residential properties: the traveling public, children's camps (educational and recreational summer camps), migrant farm worker housing (housing for minimum wage, itinerant agricultural workers) and mobile home parks. The primary responsibility of the Unit is the reduction in number and severity of preventable injuries and illnesses at these facilities. The major focus of these programs had been the elimination of structural or physical hazards. Increased emphasis is now being placed on the development and implementation of safety plans. Through staff training and awareness, plans are designed to reduce the number of injuries / illnesses and

achieve appropriate timely response for occurrences. This is especially true for the temporary residence and children's camp programs. Written safety plans developed by the operators must be submitted to this office for review and approval to determine compliance with guidelines provided by the NYSDOH.

In 2002, the Temporary Residence Unit placed 554 facilities under permit. These included: 304 hotels and motels (135 provide bathing facilities), 21 campsites and/or travel vehicle parks, 127 children's camps (108 provide bathing facilities), 28 migrant farm worker housing facilities and 43 mobile home parks. More than 2,345 routine and complaint-based field visits were conducted. Enforcement efforts resulted in 93 formal administrative hearings.

The General Sanitation Unit is charged with enforcing several provisions of the NYS and Suffolk County sanitary codes, as well as selected portions of the NYS Public Health Law. Largely on a complaint basis, the Unit responds to public concerns in the areas of rodent control and nuisance abatement. Nuisances include such things as inadequate heat, discontinuance of electricity or water, improper storage of garbage or animal wastes and sewage overflows. In 2002, the Unit responded to 1,308 rodent complaints by conducting nearly 2,811 field visits and 2,652 nuisance complaints by conducting 5,644 field visits. Enforcement efforts resulted in 100 formal administrative hearings. The increase in the number of nuisance complaints may be largely

attributed to public concern over WNV. In order to respond to WNV related complaints, staff was shifted to the program during regular business hours and staff worked overtime to provide timely responses.

This Unit also inspects childcare facilities and animal shelters. The Office of Children and Family Services inspects childcare facilities at the request of the operator in response to requirements. In 2002, 115 such requests were received requiring 207 field visits. Five animal shelters are regulated pursuant to Chapter 216 of Laws of Suffolk County.

The Radiation Control Unit is responsible for protecting the public from unnecessary and unhealthful exposure to radiation, investigating incidents involving reportable exposures to individuals and releases of radioactive materials. Presently there are 1,573 facilities operating a total of 3,425 x-ray machines within the County. These are inspected on a regular schedule to determine compliance with County, State and Federal regulations. During 2002, 534 facilities containing 1,049 x-ray machines were inspected. A total of 189 facilities were found to have deficiencies, necessitating 144 re-inspections and 23 formal administrative hearings to bring them into compliance.

The Enforcement Unit is responsible for the administrative adjudication process for all field units in the Bureau of Public Health Protection. This resulted in 973 formal hearings being held.

## DIVISION OF PATIENT CARE SERVICES

There are eight Suffolk County health centers and three satellite centers in the Division of Patient Care Services' network. Comprehensive primary care services are provided for patients of all ages. In 2002, 81,382 of the County's most vulnerable residents made 234,382 visits to the health centers. Three percent of the patient visits were paid by Medicare, 20.8 % participated in a private insurance plan (including Suffolk Health Plan), Medicaid reimbursement accounted for 37% of revenues, and 39% of revenue came from visits generated by the self-pay patient. Most of

these patients do not have access to regular preventive care anywhere else.

In 2002, the health centers performed physical assessments for the Department of Social Services' Employability Assessment Project. This program utilizes medical evaluation services of the health centers to evaluate disability claims of Public Assistance applicants/recipients and determine the capability of employment that each applicant possesses.

In 2002, a fully computerized Health Center Information System (HCIS) was operating in all of the health centers. Since the total integration of the HCIS system, a redesign of patient flow has begun. An integral part of this re-design is the availability of the Electronic Medical Record (EMR). Efforts to develop and build this application will begin in 2003 and continue into 2004.

During 2002, a total of 3,719 women enrolled in the prenatal program, either under the State and Federally funded Prenatal Care Assistance Program (PCAP), Medicaid or third party insurance. Fifty three percent of the women enrolled during their first trimester and 36% and 11% enrolled during their second and third trimesters respectively. Of these patients, 2,877 women delivered through the program. Other women were transferred to perinatal tertiary care centers for high-risk care, had spontaneous miscarriages and/or were lost to follow-up. The Prenatal Program's low birth weight rate was approximately 4.75%, which compares favorably with overall Suffolk County rates and rates throughout New York State.

Project HOPE (Healthy Outcome Pregnancy Evaluation), among its other programs, runs Mother's Groups for a six week period to prepare women to better care for their babies. In 2002, 120 women participated in the groups.

The Special Supplemental Nutrition Program, commonly known as WIC, is a short-term intervention program designed to improve the nutrition and health status of pregnant, breast feeding and postpartum mothers, infants and children up to five years of age. The Department has sponsored the WIC program for the past 28 years. In 2002, the County received \$2.2 million from the State for WIC administrative expenses. WIC food and formula checks valued at \$9.3 million were distributed in 2002. Monthly WIC benefits were provided to 13,513 income eligible WIC participants at nutritional risk in 2002.

The Department of Health Services provides family planning services at 11 locations throughout the County. Comprehensive services include: a screening medical history and physical examination; screening for health risk factors, including sexually transmitted diseases (STD) and HIV/AIDS; disease prevention/health promotion education/counseling and preconceptual counseling.

The Reproductive Health Speakers Bureau provides community education and public information to sensitize the public about the local need to address prevention of unintended pregnancies and transmission of sexually transmitted diseases (STD's) and HIV/AIDS. Programs are designed to promote abstinence and reduce unplanned pregnancy, STD's and HIV/AIDS, date rape and date violence. Although adolescents are the primary participants, other targeted populations include those who are frequently educationally underserved, such as people on probation, women, minorities and the mentally ill.

Since the onset of the epidemic, over 2,500 HIV positive patients have received quality medical care and support services in Suffolk's health centers. During 2002, confidential counseling was provided to 9,000 patients, and 8,325 agreed to be tested. Sixty-one patients tested positive for the disease. The health centers provided care for 508 HIV positive patients, which generated over 4,000 visits in 2002. Fifty-one percent of the HIV positive patients had a diagnosis of AIDS, requiring more intensive care, case management and follow up services.

The Ryan White Dental Program was responsible for over 1,500 patient visits. The program is well known in the HIV community and the Department works very closely with other Title I programs in providing quality dental care to HIV positive individuals.

The Suffolk County Diabetes Education Program, in collaboration with Cornell Cooperative Extension, serves as a resource for the community and for health care providers who care for patients with diabetes. More than 5,000 patients with diabetes were seen at the health centers in 2002, generating over 27,000 patient visits.

Special outreach efforts continued to target Suffolk Health Plan (SHP) patients with diabetes and encourage them to participate in the program, in order to decrease rates of hospitalization, prevent complications and maintain overall quality of care. Weight management is critical to those with diabetes and those at risk for type 2 diabetes. In an effort to assist individuals struggling with this issue, weight management classes were offered under the Diabetes Education Program.

The Department's Mobile Mammography Van Program, in operation since February 1990, continues to reach out to uninsured and underserved communities in Suffolk County to provide breast cancer screening. The utilization of this service was reduced in 2002, due to the health centers operating their own screening equipment, and referrals to local partnered hospitals. In addition, one of the two mammography vans was taken out of service in 2002, due to the age and condition of the vehicle.

The Department is an active participant in the Women's Health Partnership (WHP) of Suffolk County. WHP is part of the New York State Breast and Cervical Cancer Screening Program, a state funded program, that provides funding for screening and diagnostic services for uninsured and underinsured women. The Patient Navigator Program ensures that women with abnormal breast findings and breast cancer receive timely and appropriate diagnostic and treatment services.

The South Brookhaven Health Center-West, Tri-Community Health Center, and Martin Luther King Jr. Health Center provide breast cancer diagnostic services. The program offers consultation by a surgeon, limited diagnostic procedures performed at the health centers, and referral to Brookhaven Memorial Hospital Medical Center when indicated for further diagnosis and treatment. The Breast Disease Program is open to all community residents throughout Suffolk County who are without access to specialty care for breast disease.

There were 18,150 lead screening tests done on children under six years of age. The County health centers performed 3,644 of these tests. Suffolk County Department of Health Services requires all children who receive pediatric care at one of our sites be tested for lead exposure every year until the 6th birthday. In addition, women who receive prenatal care at any of the Prenatal Program sites are screened via risk assessment for lead exposure.

In 2002, the medical social workers provided over 18,000 patient visits, to address the goals of access to and increased adherence to medical care plans. The medical social workers worked diligently with the staff of the health centers to educate, motivate, empower and case manage patients. Low income, uninsured and chronically ill patients receive their medications through the pharmaceutical indigent care programs accessed by the medical social workers. Prenatal care is a

priority for the medical social workers. Their goal is to assist the prenatal patient to have a healthy birth and to provide a stable supportive environment for the newborn's homecoming. The social workers focus on preparing mothers to cope with this life changing event and identifying those who will need additional support or services.

The social work staff at the jail medical unit assisted approximately 100 inmates with HIV, 140 inmates with other serious medical conditions and over 111 pregnant inmates.

Social work staff also administers several AIDS Prevention and AIDS Primary Care programs. These programs pilot HIV education programs and training in community-based organizations and businesses until they are able to manage this activity independently. Case managers also assist patients in accessing ADAP, a government funded insurance program to cover outpatient care and HIV medications.

The mission of the Immunization Action Program (IAP) is to ensure that children in Suffolk County are fully immunized by their second birthday. In addition, the program promotes activities to increase immunization rates for adults, specifically influenza and pneumococcal immunizations. The current workload consists of immunization clinics, visiting private providers' offices, conducting immunization audits in private providers' offices and nursery/day care centers, and responding to immunization questions throughout the County.

The School Based Health Care Program at the Eastern Suffolk BOCES is funded through a New York State Bureau of Child and Adolescent Health Grant. Students from all over Suffolk County, who attend classes at the BOCES campus in Bellport, receive primary health care services during school time. More than 90% of the 955 student population is enrolled in the School Based Health Care Program.

The Day Reporting Program continues as a court-mandated program under the Probation Department. There is a medical and a mental health component, and drug and alcohol treatment staff. BOCES operates a full-time classroom, and assists participants in obtaining their GED's. Probation officers complete the staff and deal with the law enforcement issues.

The mission of the Suffolk County Tuberculosis (TB) Control Program located within the Bureau



of Chest Diseases (BCD) is to identify and assure treatment for suspected and confirmed cases of active TB; insure TB patients are rendered non-infectious by completion of adequate anti-TB therapy; reduce TB transmission through prompt contact follow up; and prevent the development of drug resistance, in accordance with legal mandates.

The Suffolk County Jail has implemented an effective TB control program. All inmates admitted to the Suffolk County Jail are screened with Mantoux skin testing to rule out TB infection. The BCD's targeted testing program has been highly successful in targeting groups for TB testing. Under this program a patient has a PPD placed and read in 48-72 hours. The use of mobile chest x-rays funded by a NYS supplemental grant has improved and expanded the targeted testing program by providing on-site chest x-rays for positive PPD reactors at the time of PPD reading. The BCD's use of enhanced directly observed therapy with incentives and enablers improves completion of therapy rates.

The Division of Patient Care Services, through its Jail Medical Unit, provides medical care to all inmates under the custody of the Sheriff of Suffolk County. An average of approximately 1,450 inmates are housed daily at the Suffolk County Correctional Facility in Riverhead, the Minimum Security Facility in Yaphank, and the DWI facility in Yaphank.

State law requires that each new inmate admitted to the correctional facility be given a medical screening, including a screening for TB and a physical. In addition, treatment of new and pre-existing medical problems is provided along with daily sick call and treatment of injuries and other emergencies. State law also requires that inmates receive a dental screening and a follow up dental treatment when indicated. When mental health problems are detected at the initial screening examination, or at any time during the incarceration, the inmate is referred to a mental health professional for diagnostic and treatment services.

Inmates requiring inpatient hospital care are typically transferred to Central Suffolk Hospital in Riverhead. In 2002, a total of 207 inmates spent a total of 1,032 days in the hospital. Care can also be provided at other facilities, as necessary.

Further, the Jail Medical Unit provides comprehensive primary care services for inmates, including hypertension, diabetes, cardiac, respiratory diseases, sexually transmitted diseases, prenatal care, management and treatment of infectious diseases, and HIV care. X-ray services are provided at both the Riverhead and Yaphank correctional facilities. A full service pharmacy is located at the Riverhead facility and provides services to both the Riverhead and Yaphank sites.

Riverhead Health Center continues to meet the needs of the migrant population by providing both outreach and clinic services. Services provided include: field visits to the migrant camps to conduct screening activities for hypertension, diabetes, and TB, immunizations for tetanus, and health education and counseling on communicable and sexually transmitted diseases including HIV and TB. Migrants are provided with a special clinic session on Monday evenings where access to primary and preventative care, including HIV testing and counseling is available. Follow up care for health problems identified during a field clinic is also encouraged.

Over 8,400 people in Suffolk County have received information on Department of Health Services' programs and services at different community outreach sites through the efforts of the Neighborhood Aide Program. In addition, twice a week the Neighborhood Aides offer health information and referral services to Brentwood residents who access St. Luke's Roman Catholic Church for assistance.

In the course of making home visits and, in order to further assist patients and family members, the Neighborhood Aide Program staff generated over 320 referrals to other Departments and/or community-based agencies. Based on the need for advocacy and support services to the victims of domestic violence, the Neighborhood Aide Program, in conjunction with Suffolk County Coalition Against Domestic Violence (SCCADV) established a weekly one-day clinic where health center patients can seek direct counseling and support services.

The Bureau of Public Health Nursing (BPHN) is composed of an Article 36 Certified Home Health Agency (CHHA) and an Article 36 Long Term Home Health Care/AIDS Home Care Program (LTHHCP/AHCP), both of which operate under the statutory authority of the Public Health Law. The New York State Department of Health has

survey oversight of both agencies. Federally, both programs are mandated to meet the requirements of Certified Home Health Agencies.

Services provided by the BPHN include: nursing and home health aide visits (20,539 and 15,435 respectively), physical therapy, medical

social work, nutritional services, occupational and speech therapy. These services are offered for the different programs within BPHN. Included are programs for pregnant and post partum women, programs for infants and children, and programs for the frail and elderly.

## **SUFFOLK HEALTH PLAN**

Suffolk Health Plan is a prepaid health services plan whose membership consists of patients enrolled in Medicaid Managed Care and Child Health Plus. During 2002, Suffolk Health Plan was awarded a premium bonus from New York State based on the quality of care provided by the Plan's primary care network at the Suffolk County Department of Health Services' health centers. This incentive was awarded to Medicaid Managed Care Plans that provided above average care.

The Plan's operational review conducted by the New York State Department of Health that evaluated 2002 Plan activity, also commended the primary care network. The quality of care, as shown by a review of patient records, was cited as being particularly well documented.

The Plan held its position as the Medicaid Managed Care Plan with the largest enrollment in Suffolk County. Medicaid membership averaged 10,000 per month, and Child Health Plus membership averaged 3,355 per month.

Suffolk Health Plan continued to increase its payments to the County's general fund, with payments of \$5.4 million in 2002. This payment amount is expected to rise again in 2003.

The Plan intends to develop and deploy marketing staff at the health centers and at community events and locations. This staff will focus on the enrollment of Child Health Plus members who are currently uninsured but obtaining care at the health centers. Additional effort will go to the retention of members due for renewal of their Child Health Plus membership.

## **JOHN J. FOLEY SKILLED NURSING FACILITY**

The John J. Foley Skilled Nursing Facility (JJFSNF) is comprised of a 264 bed state-of-the-art skilled nursing facility with a 60 registrant capacity Adult Day Health Care Program, both licensed under Article 28 of the New York State Public Health Law. JJFSNF is comprised of 252 general skilled beds and a 12 bed dedicated AIDS unit.

As a skilled nursing facility, the John J. Foley Skilled Nursing Facility is charged with total responsibility for the welfare of each resident under its care. This includes the monitoring of their medical status, providing nursing care and treatments, assistance with the activities of daily living (ADL) such as feeding, bathing, dressing

and grooming, as well as ensuring their emotional, spiritual and psychosocial well being. The nursing facility is required to provide all these services in a therapeutic and supportive environment with the goal of ensuring that each resident reaches their optimal level of functioning. It is a home, therapeutic community and hospital.

Its Adult Day Health Care Program (ADHCP) is charged with providing essentially the same services as the skilled nursing residents receive as inpatients, to over 50 registrants. These registrants remain in the community, living with their family or in other settings, but come to the Program anywhere from one to six days a week for nutritious meals, clinical monitoring of their

medical condition, physical, occupational and/or speech therapy, and a high quality therapeutic recreation program. The Program coordinates each registrant's care with their community physician, ensuring continuity of care amongst the facility, the doctor and the community setting. It also serves to keep people in a non-institutional setting for as long as possible, providing socialization to otherwise isolated individuals, and is a cost-effective alternative to in-home one-to-one home care services.

The John J. Foley Skilled Nursing Facility is subject to many levels of regulation and oversight including, but not limited to, New York State Department of Health (NYSDOH), the federal Center for Medicare and Medicaid Services (CMS), the New York State Public Employees Safety and Health Agency, as well as the United States Occupational Safety and Hazard Administration (OSHA) and the New York State Ombudsman Program. Therefore, much of what is done is mandated by regulation from which there is no deviation.

John J. Foley Skilled Nursing Facility receives reimbursement from two primary funding streams: Medicare and Medicaid. Medicare, the federal health insurance program for senior citizens over 65, pays for up to 100 days of skilled services on an inpatient basis in a Skilled Nursing Facility. Each resident receiving Medicare coverage is assessed utilizing a Minimum Data Set (MDS). It is the acuity level and service requirement needs of the resident that determines the reimbursement.

Under the Medicaid Program, each resident is assessed twice a year, utilizing a Patient Review Instrument (PRI) that places each resident into a Resource Utilization Grouping (RUG). Each Resource Utilization Grouping carries a predetermined weight signifying its resource utilization as compared to the average resident. An average case mix is then calculated for the period, and the per diem Medicaid rate adjusted accordingly.

The John J. Foley Skilled Nursing Facility has a higher number of "Medicaid only" residents than do other facilities as a result of its commitment to caring for those residents that other nursing facilities will not take. Many of these residents are younger (20 - 50 years old) and therefore they do not qualify for the Medicare Program. This is significant, as it requires the facility to pay for items from its budget that other facilities would

bill to Medicare Part B. Many of our residents are sicker, need more assistance, are on more medications per day, and are generally more demanding than residents of other facilities.

John J. Foley Skilled Nursing Facility admits some of the sickest residents of any nursing facility on Long Island and in the state. The work done by the direct care staff is demanding and draining. Working with sick residents and their families can be both rewarding and stressful. Much of the care that is rendered by the staff cannot be measured. Encouraging residents, providing emotional support and advocating for a resident cannot be quantified; nor can it be rushed. However, it is the mark of a quality health care institution.

The Skilled Nursing Facility (excluding the 12 bed HIV unit) average occupancy level for 2002 exceeded 95%, which is the cutoff point for bed hold reimbursement. Bed hold reimbursement occurs when a facility is at least at 95% occupancy and sends a resident for hospitalization. If the resident returns within 20 days, NYSDOH will reimburse the skilled nursing facility as if the resident were still in the facility. This insures that a bed will be available for the resident and will not prolong the hospital stay.

The Nursing Services personnel that provide direct care to the residents have been on an alternate weekend schedule since November 2000. The implementation of this schedule has provided the affected employees with the opportunity for every other weekend off. This has been a very positive step in enabling John J. Foley Skilled Nursing Facility to meaningfully compete for nursing personnel. To offset the decrease in staff on the weekends, per diem nursing services personnel are being sought and recruited.

The management at John J. Foley Skilled Nursing Facility submitted a number of appeals to the NYSDOH. These appeals addressed being reimbursed on a more current expense base that is based upon the costs associated with the current physical plant and operations. Currently, the facility's reimbursement is based on its 1983 costs in the old building. The NYSDOH has agreed to review the basis for reimbursement of Medicaid residents. This could result in a significant amount of retroactive funds. It is expected that more definitive information will be received in 2003.



## **DIVISION OF MEDICAL - LEGAL INVESTIGATIONS & FORENSIC SCIENCES**

The Division of Medical-Legal Investigations and Forensic Sciences is unique in that it combines Pathology, Toxicology, and Crime Laboratory sections under the Chief Medical Examiner. This administrative structure facilitates coordination among the various disciplines encompassed by the Forensic Sciences, and helps insure impartiality in case evaluation and subsequent court testimony.

The Pathology Section is responsible for medico-legal death investigation. Generally, this involves the death of anyone in Suffolk County who dies suddenly and unexpectedly, or when the death is suspicious for being unnatural. Typical cases of this nature include SIDS deaths, drug overdoses, and motor vehicle crash fatalities, hanging deaths, drownings and injuries from homicidal actions. Of the 11,000 deaths that occur in Suffolk County, the Medical Examiner Office investigates about 40% each year to some extent. A Physician Assistant who serves as a Medical Forensic Investigator first evaluates each case. These highly trained and knowledgeable individuals often respond to the scene of death and interview family members and witnesses. One or more of the five Forensic Pathologists who serve Suffolk County on a full time basis eventually reviews all cases. During 2002, over 1,000 cases were actually brought into the Medical Examiner Office and 902 were autopsied. Two thousand seventeen approvals for cremation were also given. An active team of Forensic Dentists help with victim identification, is engaged in empirical research, and participates in mass disaster exercises.

The Toxicology Laboratory analyzes bodily fluids and tissues for drugs, alcohol and poisons. Many cases are submitted by the Forensic Pathologists during the course of an autopsy or external examination, to help evaluate the case or determine the cause of death. The laboratory also analyzes for drugs and alcohol in motor vehicle operators suspected of driving while intoxicated. In these cases, blood samples are taken by the Medical Examiner Forensic Investigators. The laboratory also analyzes for drugs and alcohol in cases submitted for rape investigations. During

2002, 462 cases were received and analyzed for driving while intoxicated (DWI), driving under the influence of drugs (DUID), or sexual assault cases. Over the past six years, the testing for these cases has become more complex, since drugs are often more detected instead of, or in addition to, alcohol. Date rape drugs are now routinely analyzed on sexual assault cases.

In the Drugs of Abuse section of the Toxicology Laboratory drug monitoring is performed for the methadone maintenance treatment program in the Division of Alcohol and Substance Abuse Services and for the Probation Department. During 2002, the Toxicology Laboratory experienced an increase in the number of submissions in the Drugs of Abuse section, while a more significant increase of 23% was seen in DWI/DUID submissions.

The Crime Laboratory is responsible for the independent, objective and accurate examination of physical evidence submitted by all law enforcement agencies in Suffolk County. Components of the Crime Laboratory include: Biological Sciences (including DNA analysis), Questioned Document Examination, Firearms/Ballistics, Drug Chemistry, and Trace Evidence, including accident investigation /reconstruction. The Suffolk County Crime Laboratory is unique in that it is an integral part of the Medical Examiner Office and also responds directly to major crime scenes in conjunction with homicide detectives, the Medical Examiner, and police crime scene units.

During 2002, the laboratory experienced a 3.7% increase in submissions as compared to 2001. The most significant increase occurred in the Drug Chemistry and Biology Sections. The total number of laboratory samples analyzed during the year was 22,399. Cocaine, MDMA (Ecstasy) and marijuana continue to be the most frequently encountered controlled substances. During the year the laboratory analyzed 5,215 submissions and administratively closed 3,266 submissions. In some instances, the courts closed these cases without the need for analysis while many others were returned because no follow up requests for analysis were made.

The professional demands placed on the laboratory and staff to provide state of the art analyses and keep current in the science continues to increase. The state mandate for laboratory accreditation that is unique in the United States has placed greater emphasis on quality assurance and the State Commission on Forensic Sciences is continually seeking to elevate the standards of practice for all public forensic laboratories in New York State. All three areas of the Division have been inspected and accredited by professional peer review organizations.

The Laboratory continues to attract outstanding students and volunteers to expand their knowledge of Forensic Science. During the year Forensic Science interns from colleges and universities throughout the northeast, worked and studied in the laboratory.

During 2002, the professional staff of the Division provided 78 lectures to a total audience of more than 3,766 persons on topics ranging from DNA analysis to death investigation. The

audiences ranged from elementary school students (presentations on drug and alcohol abuse) to professional and service organizations. Formal teaching and instruction were provided for Suffolk Community College, The School of Mortuary Sciences at Nassau Community College, Medical students at Stony Brook, and others.

Pathology Residents from University Hospital at Stony Brook spend 2 months each at the Division receiving instruction on Forensic Pathology and performing autopsies under the direct supervision of Medical Examiner staff. Interns and students also work in the Crime Laboratory and Physician Assistant students and interns receive training in investigations.

Medical Examiner conducted mass disaster drills are held yearly and are unique in the United States. Recent exercises have focused on coordinating an integrated response to a mass disaster with the neighboring Nassau County Medical Examiner.

## DIVISION OF ENVIRONMENTAL QUALITY

The Office of Water Resources consists of two bureaus: Drinking Water (BDW) and Groundwater Resources (BGR). The BDW is responsible for enforcement and oversight of public and private water supply systems. The BGR handles Superfund investigations, provides well drilling services for contaminant investigations, operates groundwater models, and is involved in routine and special groundwater investigations. Office programs operate under mandate and/or delegation from New York State Department of Environmental Conservation (NYSDEC) and New York State Department of Health and implement Article 4 of the Suffolk County Sanitary Code.

During 2002, staff of the BDW reviewed 455 plans for new water plant and modifications to existing public water facilities to ensure compliance with state requirements. A total of 1,105 samples were taken from the County's approximately 580 active community water supply (CWS) wells; over 300 samples were collected from 263 Non-Community supplies

(NCWS) that were inspected. The dry summer resulted in many CWSs reaching record peak days, and supplier announcements for voluntary usage restrictions.

During 2002, the Bureau sent 82 Notices of Violation, primarily to small NCWS and CWS. Many were monitoring and analytical requirement (M/AR) violations for required self-monitoring not completed at the required intervals, while significant water quality violations required public notification, pending correction.

In 2002, the BDW continued a second year of operations under the Drinking Water Supply Protection Enhancement Funding, receiving an annual revenue of \$278,000.

The Bureau of Groundwater Resources (BGR) installs monitoring wells to delineate contaminant plumes, monitor land use impacts, and refine flow directions. During 2002, the BGR installed a total of 114 wells, with a drilling footage total of 10,894 feet, a substantial increase over the previous year. Forty-four geoprobes were installed, totaling

2,121 feet. A total of 3,398 water level measurements and 492 well samples were collected from these wells and from the network of 470 monitoring wells. Major rivers and streams are routinely sampled as this data reflects shallow groundwater quality. Stream samples totaled 440; headwaters were monitored at 35 locations.

The BGR continues activities relating to pesticide impact evaluation under a NYSDEC contract. Summary reports included: Golf Course Impacts; Impacts of Agriculture; MITC Investigation (utility pole rot treatment activities of LIPA/LILCO); and Water Quality Monitoring Program to Detect Pesticides in Groundwaters. Summaries of Speonk VOC Investigation and Hampton Bays MTBE Investigation were forwarded to NYSDEC for their action. The BGR has completed monitoring efforts in six potential Brownfields site evaluations.

The BGR is central to discussions regarding Brookhaven National Lab's (BNL's) efforts to characterize and remediate contamination. While agencies agreed on risk assessments relating to past discharges, the BGR continues to call for a more complete clean-up than that proposed by BNL for the Peconic River.

The Office of Pollution Control administers environmental programs and enforces regulations concerning toxic and hazardous materials storage, industrial wastewater discharges, swimming pool construction, and inspections of commercial and industrial facilities. Typical tasks performed include conducting compliance inspections at industrial and commercial facilities, sampling subsurface leaching structures such as storm drains and cesspools, overseeing clean-ups, assisting the District Attorney's Environmental Crimes unit with executing search warrants, reviewing plans and reports, and evaluating the performance of electronic leak detection and overfill alarm equipment used in storage tank installations.

The Suffolk County Sanitary Code Article 12 Program oversees the engineering and installation of toxic and hazardous materials storage facilities. It regulates the handling and storage practices of these facilities to ensure that release of chemical compounds to the environment is prevented. A total of 490 engineering plan sets were received for review in 2002.

The number of operating permits for toxic or hazardous materials storage stands steady at about 2,900 permits. The number of permits renewed during the year 2002 is 2,700. These are paid renewals. The total amount of the fees generated for operating permits in 2002 was \$169,450.

The Office of Pollution Control inspects industrial sites and commercial establishments to verify compliance with Article 7 (limits storage of toxic/hazardous material) and Article 12 regulations. During 2002, 882 facilities were inspected for tank storage compliance, another 158 industrial SPDES inspections were completed, and 242 new industries were inspected and added to the facilities database.

The clean-up of contaminated storm drains, septic systems and leaching pools is completed in the Remediation Program. When sample analysis indicates a polluted subsurface system, a notice is sent to the operator or owner that the offending liquid/soil/sludge must be removed and shipped off site for proper disposal. A total of 285 clean-ups were performed in 2002, resulting in the removal of 1,100,000 gallons of contaminated liquid, along with 7,510 tons of contaminated soil.

The Wastewater Program is responsible for reviewing engineering drawings and sewage treatment plants, pump stations, and car washes that have no wastewater discharge. It oversees the construction of privately owned sewage treatment plants (STPs). There are 150 municipal and privately owned (STPs) in Suffolk County. During 2002, 47 engineering reports were reviewed, 90 construction inspections were completed, 606 STPs were inspected, and 658 effluent samples were secured.

The Bureau of Environmental Enforcement is charged with processing legal actions against parties that violate Article 7 and Article 12 of the Suffolk County Sanitary Code. The Expedited Enforcement Program continued to expand in 2002, resulting in 336 consent orders being generated.

The Office of Wastewater Management assures that the citizens of Suffolk County have adequate water supply and sewage disposal facilities. Through the application of the Department's density standards and by coordinating permits with other agencies, staff helps mitigate the deleterious effects of development on the environment and groundwater in Suffolk County.

The New York State Public Health Law and the Suffolk County Sanitary Code mandate the Office's programs. Since application fees, as well as state aid reimbursement support activities, revenues generated by the Office exceed operating expenses.

The workload for the Office falls into four main categories: Single-family Residence, Other than Single-family Residence, Subdivisions, and other programs.

Staff provides design review and construction inspection of all private sewage disposal systems, private water supply installations, and public water supply connections to insure that the disposal system and water supply are safe and in compliance with all health codes. During 2002, Office staff received 6,540 applications to construct or modify single-family residence, conducted 10,379 reviews, and issued 5,429 approvals. Field staff conducted 10,248 site inspections and issued 3,715 final certifications.

The "other than single-family residences" category of facilities, commonly called commercial facilities, uses disposal systems which may include sewage collection and piping systems, sewage pump stations and appurtenances, and alternative disposal systems, on especially difficult sites. During 2002, Office staff received 573 applications to construct commercial projects, conducted 2,552 reviews, and issued 482 approvals. Staff issued 427 final certifications for the year.

Realty subdivisions are reviewed to ensure that developers furnish an adequate and safe potable water supply and provide for sanitary disposal of sewage through proper design of treatment and disposal facilities. The review process encompasses resolving problems with access to public water, review of on-site private well samples, classification of soils, and environmental coordination with other involved agencies. During 2002, staff received 517 applications for subdivision, conducted 1992 reviews, and signed 426 maps.

In addition to these areas, the Office is also responsible for permitting of garbage trucks, carbon monoxide monitoring program, Board of Review, covenant program, and enforcement through legal action due to violations of the Sanitary Code.

The Office of Ecology has served as the Program Office since the inception of Peconic Estuary Program (PEP) in 1993. The PEP has received over \$5 million in USEPA funds through 2002. Over \$1.3 million has gone to the Suffolk County Department of Health Services to support the water quality monitoring program. For Federal fiscal year 2002, PEP received \$510,000 in EPA grant funds. Over 98 demonstration and implementation projects have been completed or are underway in the watershed, using over \$13.8 million in federal and state funding. The Peconic Estuary was designated a Vessel Waste No-Discharge Zone in 2002.

Several sources of Comprehensive Conservation Management Plan (CCMP) implementation funds have materialized, including the 2% Land Bank/Transfer Tax (Community Preservation Fund). September 2002 marked the \$100 million mark for the Fund. In addition, \$30 million for the Peconic and South Shore was made available through the N.Y. Clean Water/Clean Air Bond.

The region's agricultural community and other stakeholders were brought together for the first time to cooperatively develop a strategy to lower nutrient and pesticide loads.

Five thousand one hundred twenty-two water samples at 32 estuary, and 21 point source stations were collected. In addition to nutrients, many samples were analyzed for pesticides, herbicides, and volatile organic compounds (VOCs).

The Office was selected by the NYSDEC to manage the Long Island Sound Study (LISS) Suffolk County North Shore Watershed Management Program. A Coordinator was hired in December 2002 to oversee the two-year \$465,000 NYSDEC funded program. Five thousand six hundred sixty-six samples were collected at 46 marine, and 15 point source sites. Continuous water quality monitoring devices made over 20,000 measurements of temperature, salinity, and dissolved oxygen during the summer.

Office of Ecology staff provided bi-county administrative and coordination services for the \$500,000 Long Island Source Water Assessment Program (SWAP) study, funded by the New York State Department of Health.

The Office is represented on several South Shore Estuary Reserve (SSER) program workgroups including Habitat, Open Space, Stormwater Management and the Dredge



Management Workgroup. Four thousand five hundred seventy-one water samples were collected from 46 sites in Suffolk, and three sites in Nassau.

Under Suffolk County's Drinking Water Protection Program, \$100 million, over 13 years beginning December 1, 2000, will be used for open space acquisition, farmland easements, and water quality improvement projects. The Department of Health Services assists in coordinating implementation.

With the Suffolk County Department of Public Works Vector Control Division, the Department of Health Services is overseeing the development and implementation of the \$3.6 million Suffolk County Vector Control and Wetlands Management Long Term Plan and GEIS. Deposition monitoring was performed on four occasions during which 43 samples were collected.

The Office of Ecology received 784 pieces of State Environmental Quality Review Act (SEQRA) correspondence in 2002. A total of 213 responses were issued.

Forty-nine samples for *Pfiesteria* analysis were collected from 25 creeks around the County. Two hundred ninety-five samples for paralytic shellfish poisoning analysis were collected from 13 south shore sites.

Eight hundred seventy-three bathing facility inspections were performed. In response to violations found, 142 formal proceedings were initiated, and \$51,300 in fines collected. Four hundred forty-four beach samples were collected for coliform analysis. Three beaches were closed for exceeding state standards.

The Public & Environmental Health Laboratory (PEHL) performs tests on air, water, soil, hazardous wastes and sewage. The tests determine the existence of any contamination by toxic heavy metals, radioactive isotopes, volatile organic chemicals, pesticides, semi-volatile organic compounds and bacteriological contamination.

The Lab's responsibility includes testing of both public and private wells and water supplies to determine the potability of water. Swimming pools and bathing beach waters are analyzed to assure their safety. The Lab tests surface pollutants and nutrients that can degrade them, and analyzes marine water samples for Chlorophyll-a and *Aureococcus anophagefferens* ("Brown Tide").

Samples of ambient and indoor air are analyzed; air from soil located above petroleum spills is tested for toxic, organic and inorganic substances. The PEHL also analyzes samples for hazardous materials that may have been discharged, stored or transported in violation of the law.

The PEHL provides analytical testing capability and other resource support for the Division of Environmental Quality to accomplish its mission. The Lab also provides analytical support and scientific advice to the Division of Public Health, Suffolk County Police Department, Fire Rescue Emergency Services, and Town and County Fire Marshal. Analytical support is provided to the NYSDOH and NYSDEC for investigations of environmental problem sites throughout Suffolk County.

In order to test bacteriology samples submitted from bathing beaches, marine samples, etc., the PEHL operates seven days a week, with a total number of 24 technical personnel. The PEHL is certified by both the National Environmental Laboratory Approval Conference and the NYSDOH-Environmental Laboratory Approval Program for potable and non-potable water, solid and hazardous wastes and air emission categories. As such, the PEHL is subject to biannual inspections and required to pass proficiency tests for each category, every six months, in order to maintain its approval status.

The Lab utilizes sophisticated instrumentation/techniques, such as gas chromatography/mass spectrometry (GC/MS), liquid chromatography/mass spectrometry (LC/MS), gas chromatographs with selective detectors, ion chromatography (IC), inductively coupled plasma/optical emission spectroscopy (ICP/OES), inductively coupled plasma/mass spectroscopy (ICP/MS), liquid scintillation and gas proportional counter, and others for the determination of numerous contaminants in many types of environmental sample matrices. To increase efficiency, the PEHL incorporates the use of as many automated instruments as possible. Many of these analytical instruments operate 24 hours/day, six days a week. The PEHL is constantly expanding its analytical capability and list of contaminants it determines in response to newly discovered contaminants.

## DIVISION OF EMERGENCY MEDICAL SERVICES

The Division of Emergency Medical Services provides education and support to the Suffolk County Emergency Medical Services (EMS) agencies, and coordinates the components of the Emergency Medical Services system. In 2002, the Division expanded educational opportunities, worked closely with the Regional Emergency Medical Services Council (REMSCO) on system issues relevant to ambulance response, and focused on emergency preparedness.

At the EMT-Basic level, the Division held seventeen 130-hour original classes for 536 students and thirteen 35-hour refresher classes for 310 students. For EMT-Critical Care level, five 350-hour original classes for 143 students and three 54-hour refresher classes for 52 students were offered. The three-year Continuing Medical Education (CME) recertification program, designed to increase training flexibility, in an effort to retain volunteer Emergency Medical Technicians (EMTs), was expanded in 2002. Continuous rotations of required core curriculum classes for Basic and Advanced level EMTs were presented at three geographically dispersed sites throughout the year, totaling 114 sessions for 1,279 students. Many non-core CME classes, including national certification courses, were presented throughout the year. Topics chosen for CME classes were based on need identified in quality improvement efforts, as well as need generated by new State legislation or regulation.

EMTs became mandatory child abuse reporters in 2002, and therefore a Child Abuse Reporting course was developed and presented regionally to providers and to instructors. Over 400 providers attended these classes. A particular focus was the care of the pediatric patient. Two separate 16-hour national certification courses were held for the first time in 2002: Pediatric Education for the Prehospital Provider and Pediatric Advanced Life Support. Other offerings included Prehospital Education for the Prehospital Provider, Advanced Cardiac Life Support, Emergency Vehicle Operations Course, Prehospital Care Report documentation, and Toxicity of Newer Drugs of Abuse, for a total of 96 sessions. Over 800 students were enrolled in the three-year CME program in 2002.

A new pilot program for a 5 year CME recertification program was presented to providers in October. Fifty-two students are enrolled in this program.

The Division held a 20-hour Clinical Lab Instructor course, which generated 16 new instructors for the region. An educational seminar was held for County instructors to review clinical topics and educational methods to ensure consistency of training throughout the County. A seminar on Traumatic Brain Injury was held for instructors. In response to New York State's approval of a new EMT Critical Care curriculum, a rollout for instructors to introduce new critical care skills was held in September, including needle decompression of tension pneumothorax and the introduction of a backup airway management device.

The Division's American Heart Association's Community Training Center was very active in 2002, and was named a top training center for the region. The center coordinated 683 courses for 5,591 students.

The Division developed a draft Bioterrorism Preparedness plan in conjunction with the Division of Public Health, which was submitted to the New York State Department of Health. The Division also worked on the New York State Public Health Preparedness and Response grant in conjunction with other Department of Health Services personnel.

Emergency preparedness training was undertaken throughout the County, with multiple Weapons of Mass Destruction Awareness training sessions being conducted in 2002. Incident Command System and Multiple Casualty Incident Management classes were also offered.

A course on response to the chemically contaminated patient, including medical response and the administration of nerve agent antidote, was developed and presented in conjunction with the Fire Academy. The Division developed the medical component of the course, Patient Decontamination and Chemical Antidote Administration, and included nerve agent antidote administration to train providers in its safe and appropriate use. The course was presented

multiple times to develop a cadre of providers trained in medical response to chemical incidents. Coincident with this training, the Division procured Mark 1 nerve agent antidote kits for field use and began work on a deployment scheme for these medications. The Division also developed a regional protocol for the use of Mark 1 kits and worked with the New York State Department of Health on a statewide protocol for their use.

The Division began planning for the National Pharmaceutical Stockpile distribution, working with the Division of Public Health to identify three points of distribution for mass prophylaxis, and establish memoranda of understanding for their use.

The Division continued work on implementing redundant communication for hospitals via the 800 MHz radio system and through the RACES amateur radio operators group. Installation of 800 MHz radios in hospital emergency departments was continued, with significant progress toward completion of this project achieved. Meetings were conducted with the RACES group to begin development of a drill of this communication system for 2003.

Monthly meetings were held with Suffolk County hospitals emergency department personnel and emergency managers in conjunction with Public Health in order to coordinate County planning with local hospital planning. Informational sessions were presented on various topics to the hospital personnel including radiological emergencies, Incident Command System, chemical incident response, hospital-police interface in crime scene operations, and smallpox immunization. As the year progressed, the meeting attendance expanded to include infection control practitioners, Nassau Suffolk Hospital Council and Suffolk Medical Society. The Division participated in several other planning groups, including the New York State Emergency Medical Advisory Committee's Bioterrorism Committee, Nassau Suffolk Hospital Council training and medical response workgroups, Metro Regional Bioterrorism group, the Nassau-Suffolk Bi-county Long Term Planning Committee, and the County's Terrorism Response Task Force and its Bioterrorism subcommittee. The Division participated in a County workgroup addressing public education for bioterrorism issues in conjunction with the Division of Public Health. Training was provided

to forensic dentist volunteers on weapons of mass destruction awareness. The Division presented Bioterrorism Awareness to the Suffolk County EMS Educators Association, and a training program for fit testing of HEPA filtration masks for personal protection from biologic agents to other Department of Health Services' divisions in train-the-trainer format.

A tabletop exercise was developed by the Division in conjunction with the Division of Public Health and presented to Department of Health Services Medical Directors on December 13th, which led to discussion of multiple issues relating to response to mass casualty biological exposure.

A presentation for Emergency Medical Services (EMS) on smallpox and smallpox immunization was developed for fire and ambulance chiefs associations. The Division worked with New York State Department of Health on a policy for use of Personal Protective Equipment (PPE) when transporting potentially infectious patients and notification to hospitals of the impending arrival of such patients.

The Division participated with the Nassau-Suffolk Hospital Council workgroups on bioterrorism response and treatment protocols and training. The Division began planning for a countywide biological tabletop exercise for County personnel and hospital personnel. Division staff participated in a decontamination drill with the Department of Fire Rescue and Emergency Services and a live mass casualty exercise at MacArthur Airport.

The Division focused on addressing issues impacting timely ambulance response in Suffolk County in 2002. In conjunction with the Regional EMS Council (REMSCO), response data from the State and the County dispatch center and ambulance agency survey data describing individual agency response and dispatch practices were analyzed. Survey data was obtained from EMS agencies in Suffolk County. A standing Response Committee of the REMSCO was established to review this data, and was chaired by the Division's Medical Director. System response issues were described and defined. Performance indicators and recommended dispatch protocols were developed. Findings were reported to the REMSCO, the Regional Emergency Medical Advisory Committee (REMAC), and Trauma Council. A special REMSCO meeting and two



regional public meetings for EMS providers were held to review data and recommendations. Written comment was solicited from EMS agencies and providers.

A response report based on data collected, recommendations, and feedback from agencies and providers was finalized for presentation to REMSCO. The Division worked with the Department of Health Services' biostatistician to better define response intervals of those cases in which the original EMS agency dispatched is unable to respond to the call. Goals for response and guidelines for resource management through uniform dispatch, including dispatch of Advanced Life Support when needed, were presented to and adopted by the REMSCO. The goal that was accepted is an ambulance on scene in less than 9 minutes 90 % of the time. REMSCO further recommends a crew confirmation system, the use of Emergency Medical Dispatch, and a call for mutual aid after 4 minutes for lower priority calls and 2 minutes for high priority calls, if no crew is confirmed. Further, it was recommended that Advanced Life Support be dispatched for high priority calls. It was also stressed that data collection of accurate response times to monitor the EMS system is crucial, and that agencies should report their times to a central dispatch agency.

Coordinating data from across the County is an ongoing project, and the Division met with Public Safety Answering Points to plan for this data collection. The Division worked with individual agencies on response issues, in one case meeting with the agency, towns, and a local business group to discuss solutions.

The Division, in conjunction with the REMSCO, began planning for a "best practices" seminar for 2003, where solutions to response challenges would be discussed with Suffolk EMS agencies.

A quality improvement seminar was held for EMS agencies to assist them in implementing their own quality improvement programs. Division staff also met individually with local agencies to assist them in setting up programs and collaborating with service level medical director physicians.

There were 104,000 ambulance alarms in 2002, and over 14,000 medical control contacts. Cases are reviewed on a continual basis, particularly

those involving Advanced Life Support, cardiac arrests, and refusals of medical assistance in the field. Regional call reviews and individual agency call reviews were initiated to address trends identified in general chart reviews and focused chart reviews. Focused reviews included endotracheal intubation placement, cardiac arrest management, Basic Life Support albuterol protocols, the differential diagnosis of congestive heart failure in the field, and refusals of medical assistance in the field. As a result of these reviews, nearly 500 individual technicians received focused education through case discussion or in-house skills sessions.

A main focus of quality improvement efforts in 2002 was endotracheal intubation/ advanced airway support. A quality improvement study done by the Division, identifying the necessity of concurrent verification of endotracheal tube placement by hospitals, was presented to the New York State Emergency Medical Advisory Committee and generated a similar study now being conducted statewide. The protocols for the region were modified to require immobilization of the patient after intubation and the use of a back-up secondary placement confirmation device.

Division staff met with hospital representatives and physicians to address the response of emergency department personnel to EMS radio notifications, particularly involving trauma victims, and the use of ambulance diversion in overcrowding situations. Division staff provided an interface between EMS personnel and nursing facilities both individually and through the Bi-county Nursing Facility Administrators' Association to improve communications and transfer of care.

A quality improvement project was undertaken to assess the accuracy of the assignment of a low priority category to certain diabetic patients at dispatch. A follow up form was developed and provided on the REMSCO website for EMS providers to refer cases for follow-up when there is a question regarding priority dispatch category. Division staff participated with FRES in evaluating Computer Aided Dispatch systems, which will aid in dispatch quality improvement and data collection.

New protocols were developed and presented for approval to the REMAC that included needle decompression for EMT-Critical Care technicians, use of Mark 1 kits, credentialing of service level

medical directors, and the use of biphasic monitor defibrillators.

A stroke recognition and notification protocol was developed by the Division and adopted by the State for Basic Life Support providers. Division staff also worked on New York State Basic Life Support protocols and Certified First Responder protocols, and a revision of the existing protocol for triage of trauma patients to trauma centers, based on new guidelines from the American College of Surgeons.

Division staff assisted in programming the 800 MHz radios that are in place in ambulances, and also consoles at medical control, to enhance communications.

The Division assisted EMS agencies in complying with regulations for New York State certification and blood glucose testing. Division staff assisted the sponsors of 13 public gathering events with securing permits and obtaining EMS coverage. Nine on site inspections were conducted.

The Division expanded Public Access Defibrillation (PAD) in Suffolk County by working with the Safety Officer in assessing County buildings for the placement of Automated External Defibrillators (AEDs). Buildings were prioritized for PAD programs based on occupancy. Division staff worked with a group of representatives from the New York State Education and Health Departments on a guidance document for schools on establishing PAD programs; legislation requiring these programs in schools in New York State was passed in 2002. Division staff also conducted an informational session for schools to define necessary components of a PAD program.

The Division successfully ensured all EMS agencies' compliance with federal clinical lab testing regulations. In addition, Division staff worked with the New York State Department of Health on several committees, chairing the State Emergency Medical Advisory Committee Medical Standards Subcommittee and Education Finance Committee, and participating in the Air Medical Committee, Dispatch Committee and Bioterrorism Committee.

## **DIVISION OF COMMUNITY MENTAL HYGIENE SERVICES**

During 2002, the Division of Community Mental Hygiene Services spent a substantial amount of time focusing on reorganization of administrative staff and fully integrating its Mental Health and Alcohol and Substance Abuse sub-divisions. This process has involved the development and implementation of new administrative procedures, cross training of senior staff, and in many cases, the reassignment of roles and responsibilities, improving operations at both the administrative and point-of-service levels.

Over the course of the past few years, the Division, in cooperation with the New York State Office of Mental Health, has initiated many new programs, which provide a single point of access for services. These initiatives, all fully operational in 2002, provide significant benefits including the provision of more timely and comprehensive services, cost-effectiveness, and a system to

accurately track the movement of consumers within the system, giving the County the ability to address high-end users of service. These programs also give the Division a mechanism for measuring the needs of consumers in Suffolk County, which can be used to advocate for additional resources and funding.

Children's Single Point of Access (SPOA) became fully operational March 1, 2002. Those agencies that assisted in the planning and implementation of SPOA remain involved by serving as an oversight group. Programs are operated by Suffolk County, New York State, and contract agencies. During the 10 months in 2002 that the program was operational, the Children's SPOA processed close to 800 referrals. The program has demonstrated outcomes as initially anticipated and it represents a significant advancement in the provision of children's high-

end mental health services. As a result of SPOA, the programs have become more responsive to children's needs. It is expected that, over time, these services will lessen the need for institutional care, which translates to a cost-savings for Suffolk County.

CAMERA, the Division's centralized case management, evaluation and referral unit, is responsible for annual site visits to each of the case management agencies, providing technical support and assistance when necessary. CAMERA staff provides advocacy and resource referrals for community groups, families of target populations, clients and other agency personnel. CAMERA staff work closely with the Assisted Outpatient Treatment (AOT) Program by providing weekly progress reports to the AOT Unit for court-ordered clients and monitoring diversion status cases for up to six months to assure treatment plan compliance. During 2002, over 2,500 applications for case management and/or bridger services were processed. At the end of the year, the active caseload exceeded 2,700 clients for all service categories.

In June 2002, the Division implemented its Single Point of Access (SPA) housing system for mentally ill adults in Suffolk County. By processing applications centrally for vacant beds in all categories of funded housing including community residences, apartment treatment and supported housing, the system assures that access to limited housing resources is made available to those consumers who are most in need. Representatives from government and provider agencies meet weekly to discuss referrals and to develop the best possible service plan for applicants who cannot be placed.

In the area of direct services, the Division's three outpatient mental health clinics provide a variety of essential psychotherapeutic services to adults with severe and persistent mental illness and children and youth with serious emotional disturbance. During 2002, the clinics provided a total of 20,032 units of service, slightly down from 2001. This decrease was due to loss of staff to the retirement incentive, as well as to the difficulties the County has had in filling psychiatrist vacancies.

At the Riverhead Correctional Facility, the Division of Community Mental Hygiene has developed a more collaborative relationship with the Division of Patient Care with the goal of

maximizing all available resources. Consistent with this mission, a single administration has been implemented to oversee all Health Services provided in the facility. This has resulted in improved communication among staff and administrators and the identification and correction of problems in the system of care. This includes the implementation of a specialized mental health unit in the Correctional Facility to deal with identified high-risk and high-need inmates. This unit has resulted in improved monitoring, observation and treatment of this population by Mental Hygiene staff.

Staffing at the Riverhead Correctional Facility continues to be extremely problematic, with a growing number of seriously and persistently mentally ill inmates. At any given time, there can be upwards of 30 to 40 individuals on suicide watch, who require daily assessment and care. Providing adequate coverage 365 days a year is difficult, at best.

In addition to its mental health services, the Division also provides a variety of chemical dependency treatment programs throughout Suffolk County. Six methadone treatment programs are operated at five different sites, providing opiate replacement therapy for the treatment of addiction to heroin and other opioid substances. This modality is documented to be the most cost-effective and therapeutically beneficial method of treatment for chronic opioid dependence. In addition, these centers are licensed to provide medical and psychiatric care to patients, an extremely important component for the uninsured poor, and effective in light of the awareness that "one stop shopping" is the most efficient way to ensure that patients access needed services. In 2002, the methadone system provided 56,962 therapeutic visits and 290,886 medication visits.

The Young Adult Methadone Program, which became operational in 2001, experienced rapid growth during 2002, confirming the need for and the importance of this innovative approach to treatment. The census rose from 53 to 79 patients in 2002 and will approach planned capacity (100) in early 2003.

The Day Reporting Center (DRC) provides intensive outpatient chemical dependency treatment services to probationers sentenced by the Suffolk County Supreme Court as an alternative to incarceration. These clients are

facing a violation of probation and a failure to complete this program can result in incarceration at the Riverhead Correctional Facility. Savings to Suffolk County are realized by avoiding this cost of incarceration and by helping these offenders to become tax paying, productive citizens. During 2002, 6,936 counseling visits were provided to a total of 157 probationers.

As an ancillary service to our direct service patients, comprehensive vocational rehabilitation services are provided at the five methadone maintenance treatment sites, Drug Court, Day Reporting Center, and the DWI Facility. During 2002, a total of 2,500 client visits were provided through this unit.

As per the Welfare Reform Act of 1996, the Referral and Monitoring Program, a collaborative effort with the Department of Social Services, requires that screening and assessment for chemical dependency problems are conducted for all public assistance recipients and applicants and, if indicated, referrals to treatment and case monitoring are made. During 2002, 4,013 individuals were referred for evaluation with 1,887 of those referred to treatment. Of those being monitored, 1,612 clients were made employable.

In addition to its direct services, the Division of Community Mental Hygiene Services contracts with community-based agencies for mental health, chemical dependency, and mental retardation and developmental disability services.

Under Mental Health services, the Division contracts with 21 agencies to provide a wide array of services to a growing number of Suffolk County residents who are seriously and persistently mentally ill.

Beginning in 2002, the New York State Office of Mental Health (OMH) began developing a new initiative, Personalized Recovery Oriented Services (PROS), which will significantly change how current services are structured, delivered, and funded. PROS, once implemented, will result in the licensure of many types of mental health services, including psychosocial, clubhouse, and vocational programs and permit these programs to bill Medicaid. When PROS is eventually implemented, there will be significant changes in the service delivery system and subsequently, in the contracts that the Division has with agencies having programs that convert to PROS. The OMH

is working with the Conference of Local Mental Hygiene Directors to develop model agreements and deliverables in a PROS framework.

The Division also contracts with 14 not-for-profit alcohol and substance abuse agencies that provide outpatient treatment services at licensed sites located throughout the County. These agencies provide individual, group and family counseling. Each treatment program stresses the importance of outside support such as twelve-step programs in supporting recovery, and many incorporate a systems approach in an effort to reach family members. Adjunct services include prevention/education; vocational rehabilitation and AIDS support services. Programs also provide prevention and substance abuse education in their local communities and school systems.

On August 7, 2002, New York State adopted new Chemical Dependence (CD) Regulations. This enabled the consolidation of alcohol and substance abuse outpatient services into a single system of chemical dependence (CD) treatment services. This included the conversion of alcohol and medically supervised substance abuse outpatient clinic and rehabilitation Operating Certificates (licenses) and the implementation of a revised Medicaid payment methodology for these consolidated outpatient services.

A significant number of Suffolk County residents seeking chemical dependency treatment are minimally employed and not eligible for health insurance. It is the mission of the funded system to provide service to all residents regardless of financial status or insurance coverage. The burden on the system has increased proportionately to the needs of this population, while at the same time the funding to carry this burden has not kept up with the rate of inflation. With decreasing revenue and limited government funding, the system's viability is increasingly challenged.

Although Suffolk County continues to contract with four agencies to provide services for individuals with mental retardation and developmental disabilities, the majority of programs and services in Suffolk County are financed directly by New York State and Medicaid. However, the Division continues to remain involved in this system of care, ensuring that Suffolk County programs receive their fair share of funding through the allocation of New York State CARES I and II resources.



Because a significant percentage of criminal justice offenders suffer from mental illness and/or chemical dependency, the Division also provides a wide array of forensic programs and services in Suffolk County. One of these programs, the Assisted Outpatient Treatment (AOT), was developed to serve persons with mental illness who are non-compliant with treatment, thereby placing themselves or others in the community at risk of personal harm. Suffolk County operates with the guiding belief that the least restrictive approach possible should be utilized and, wherever possible, individuals who are perceived to be at risk are placed on diversion status with enhanced services in an effort to avoid a court order. However, in cases where a court order is necessary, the AOT unit monitors compliance with every aspect of the treatment plan that is specified in the order. The overriding goal is to provide care coordination, monitoring and whatever interventions necessary to assure the continued safe integration of AOT clients in the community.

The Division also contributes staff and resources to the Suffolk County Drug Treatment and Family Treatment Courts. The Suffolk County Drug Treatment Court was implemented in 1996 and has had over 995 participants. Since its inception, there have been 424 individuals who have successfully completed the program and graduated. During 2002, there were 3,918 participant visits to the Suffolk County Drug Treatment Court.

In recognition of the effectiveness of the Criminal Drug Court model, the Family Court system implemented a similar program in December 1999. Family Treatment court empowers parents struggling with substance abuse and provides them with the necessary support to break the cycle of addiction and fulfill their obligation to their children. Since its inception, 119 parents have graduated from Family Treatment Court and have been reunited with 259 children. The number of active clients in 2002 was 96 with a total of 294 affected children.

Division staff have been meeting with Criminal Court Administration and other County agencies to begin exploring the feasibility of a Mental Health Court in Suffolk County. There has been interest in this initiative expressed by members of the Mental Hygiene Advisory Board and this objective will again be a priority in 2003.

In collaboration with Hands Across Long Island (HALI), the Division instituted the Inside-Out Project, a series of consumer-led mental health self-help groups within the Riverhead Correctional Facility. It is anticipated that these groups will assist individuals to start a program of personal recovery that will be continued upon their release from the facility. A number of persons who participated inside the facility have formed an "alumni group" following their discharge.

Another forensic program that was implemented in 2002 was the Mobile Outreach Resource Referral and Evaluation Program (MORRE). This program was designed to connect community-based mental health programs with the first, third and fifth precincts to assist the Police Department in dealing with the growing number of emotionally disturbed persons (EDP) that enter their system. This program has provided police officers with mental health training and access to community resources. The program ensures that the mentally ill offenders are referred for appropriate services, while saving the County through a reduction in the number of arrests, court proceedings and oftentimes, incarceration.

Also under forensic services, the Division continues to collaborate with the Department of Social Services in the operation of the Medication Grant Program. This program arranges for individuals being discharged from state prisons and the Suffolk County Correctional Facility to access psychiatric medications following their release into the community. In addition to this service, the Division works closely with Federated Employment and Guidance Services in the provision of transitional case management services for the same population. This program provides linkages for housing and benefits and ensures the continuation of mental health treatment in the community.

Subsequent to the events of September 11, 2001, the Division has become more involved in the development of crisis services and emergency preparedness planning. The Suffolk County Mental Health Crisis Team was revitalized in 2002 with the screening, selection and training of new crisis team members.

The Division has also been actively involved with the Department's Bioterrorism Task Force, Terrorism Steering Committee, and with Fire Rescue and Emergency Services' Psychiatric Special Needs Task Force. The goals of these

committees are the creation of joint response plans to deal with crisis situations, the development of a Suffolk County Emergency Evacuation Plan and

the development of a memorandum of understanding between the different organizations that respond to crisis situations.

## **BUREAU OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS**

The Bureau of Services for Children with Special Needs incorporates three separate programs. The Early Intervention Program is for children birth to three years of age with development delays. The Preschool Special Education Program is for children 3-5 years with disabilities, and the Children with Special Health Care Needs (incorporating the Physically Handicapped Children's Program [PHCP]) serves clients birth to 21 years.

Early Intervention is a comprehensive program designed to enhance the development of infants and toddlers with delays, minimize potential delay among children seriously at risk and assist families in meeting their child's special needs. Early Intervention Services are most effective when they take place in the child's natural environment and when there is active family involvement. The Bureau ensures families and children receive appropriate services and/or referrals. As of December 1, 2002, 2,131 infants and toddlers were actively receiving early intervention services. Approximately 80% of the children received services at home, with speech and language the most common service authorized. The State and the County share costs of the program.

Suffolk County's 71 school districts' Committees on Preschool Special Education determine eligibility and services for children aged 3-5 years. County representatives ensure appropriate placement of preschool children with disabilities in least restrictive environments. During the 2002 school year, over 5,000 children were actively receiving Preschool Special Education Services.

The Children with Special Health Care Needs Program performs various functions to assure that children up to the age of 21 with certain disabilities and/or chronic health conditions receive quality care while limiting the financial impact on families. Service coordinators provide case management to empower families to meet challenges of caring for a child with special health care needs, assisting families in accessing educational services as well as community resources. In addition, staff of the Children with Special Health Care Needs Program participate in the Care at Home Waiver Program, and are trained to do Medicaid Service Coordination for the Bureau of Services for Children with Special Needs.

## **OFFICE OF HEALTH EDUCATION**

The *Learn To Be...Tobacco Free* program has been in existence since 2000. Funded by the County through its share of the Master Settlement Agreement, Suffolk's Tobacco Control Program is recognized as a model program.

The *Learn To Be...Tobacco Free* program is modeled after the Centers for Disease Control and Prevention's Best Practices in Tobacco Control. The four main components of the program are: school-based prevention, cessation and youth empowerment; adult cessation; counter-marketing

tobacco industry messages and enforcement of all tobacco control and youth access laws.

In May 2002, the Office of Health Education entered into an agreement with Eastern Suffolk BOCES to conduct a countywide School Health Education Initiative. BOCES' mandate was threefold: to develop and help districts implement a comprehensive K-12 health curriculum consistent with the CDC's guidelines for school health programs; to assist secondary schools with implementation of cessation programs for those students who use tobacco products, and to support districts in strengthening their tobacco policies. An advisory board was established to help guide the initiative. The 23 member board is comprised of school district administrators, representatives of the Police Department and the Suffolk District PTA, several health educators and Health Department Chairs from schools, New York State Coordinated School Health Center, two high school students and various community groups, in addition to BOCES and Suffolk County Department of Health Services representatives. Bimonthly meetings have been helpful in developing strategies and community connections that support the initiative.

*HealthSmart*, a comprehensive health curriculum was selected for implementation in grades K-6. The curriculum for the secondary level was field tested in Suffolk during the fall of 2002. *HealthSmart* meets or exceeds National and New York State standards for health education. A website was created by BOCES to promote awareness of the school based initiative and to foster communication among teachers. A total of 24 educators from 16 school districts and two BOCES sites, along with members of the initiative's advisory board, the Department of Health Services' and BOCES' staff attended the first *HealthSmart* training in August 2002.

The Suffolk County Youth Tobacco survey conducted in 2000 showed that approximately 50% of young people who smoke would like to stop, but only 10% report they have access to a smoking cessation program. Two cessation and two pre-cessation programs are available to Middle and High Schools. Two cessation trainings were conducted for 24 school and community agency staff between June and December of 2002. The pre-cessation programs are for students who may have violated the school's tobacco free policy and who may not be ready to quit using tobacco.

Most often, students are mandated by the school to attend. The cessation programs are for students who want to stop using tobacco. Attendance is voluntary. Program staff are working with BOCES to get these programs implemented in schools that have received training. In some school districts, the Department of Health Services' staff has facilitated the first classes to help staff get comfortable with the programs.

The Department of Health Services partnered with Stony Brook University to provide a School Nurse's Conference in the Fall of 2002. Prevention and intervention resources were provided to 150 school nurses. In addition, the school-based unit hosts annual Youth Empowerment conferences for middle and high school students. The conferences provide students with an educational forum and an opportunity for the development of peer leadership and advocacy skills. One high school conference for 75 students was held in the fall.

The Community Cessation Program continued to grow in 2002. Studies show that most smokers want to quit and that the overwhelming majority have tried several times. The demand for classes in Suffolk County has remained very high. The retention of, and the addition of staff through a contract with the American Lung Association helped to better meet that demand. During 2002, 93 six-week classes were held. A total of 2,301 individuals joined programs, and 1,676 were certified for a completion rate of 73%, up 2% from 2001. Of those who responded at the completion of the six-week classes, 58% had quit. At the ten week reunion, of those responding, 73% reported they had quit. The percentage of respondents increased by 10 % from 2001. Although it is encouraging to see an increase in the number of respondents, it is still just below half of certified participants who respond. A future goal is to increase follow up in an effort to intervene prior to relapse or early into relapse.

Pharmaceuticals are dispensed to medically eligible participants. Of those who responded to follow up, 97% used at least one of the pharmacotherapies. The majority use combination therapies and most use these therapies for more than two months. Quit rates are difficult to estimate due to the low response rate, but it appears that there is an increase among participants who use combination therapies for more than one month.



Statistical data is collected on each participant. In terms of ethnicity, 86% of participants are non-Hispanic white, 4% are African American, 3% are Hispanic and 8% are other. Of enrolled participants, 67% were women and 33% were men. This is not a surprise in light of the high rate of nicotine dependence in women. In Suffolk, the highest rate of tobacco use is among young women between the ages of 18 and 25. More than one-third of that cohort smoke. The majority of participants are in their 40's and 50's. This may be related to the onset of tobacco caused disease. Another goal is to begin interventions prior to the onset of disease. It has been difficult to reach out to specific population segments. The demand for the program has been so high, resources have been used to meet unsolicited requests. The program has been largely unable to schedule and market to high-risk groups.

In addition to providing cessation classes, the program staff has provided many educational presentations to professionals such as medical and physician assistant students and mental health professionals, specifically drug and alcohol counselors. The staff conducted two "train the trainer" programs to prepare other professionals who may be interested in providing cessation services to clients at their worksites. Most of these efforts were for those with access to clients who have Medicaid. Medicaid pays for pharmaceuticals for enrollees.

A professional conference targeted to worksites was held in 2002. This effort was conducted to acknowledge worksites that have demonstrated exceptional support of their employees' efforts to become smoke free and to encourage other worksites to improve their efforts.

The tobacco industry spends more than \$1 million per hour advertising and promoting their products. It is imperative that the public, and especially children, be made aware of the truth about tobacco and the industry that promotes its use. The focus for the public information and education media campaign was divided into two target markets, one for adults and one for youth. The adult market was focused on promoting cessation and reducing secondhand smoke around children and in the workplace. The youth market was focused on prevention and awareness of tobacco industry deception and manipulation.

Media messages were produced in video, radio and print format. Media flights were placed on

local cable television and radio stations in accordance with demographic ratings and messages delivered. Print messages focusing on prevention and awareness of tobacco industry manipulation were developed for youth and placed in newsprint publications distributed to high schools throughout Suffolk County. In addition, mall scapes and posters were developed and printed. Mall scapes were displayed in Walt Whitman and Smithhaven malls and focused on adult cessation, the dangers of secondhand smoke, and youth prevention. Print posters were distributed to schools and through the Suffolk County Library System.

In order to encourage youth to develop critical thinking and help them form appropriate attitudes about tobacco use and tobacco industry practices, the Office of Health Education sponsored a competition. It was open to all Suffolk County high school students. The theme was "Hey Big Tobacco What Do You Tell Your Kids?" Students developed a concept and script. About 30 high schools responded and submitted video/script concepts. Northport High School was selected as the winner and two of their concepts were produced as 30-second ads and run on cable.

In order to market the youth prevention website, "Dogbreath.org", another contest was sponsored by the office, the "Name The Dog" contest. The website is targeted to youth ages 9-13. The contest was marketed to middle schools in Suffolk County. The winning name was "Hal-e-tosis". A press conference was held on the date of the Great American Smokeout with the County Executive, the "Name the Dog" winner who was from Deer Park, video contest winners, school officials, students and faculty.

The issue of secondhand smoke and its relationship to disease in household pets was also addressed after a study-linked exposure to diseases in cats. A cable television appearance was made to publicize the information.

Enforcement of laws that protect the public from exposure to Environmental Tobacco Smoke and prevent children from gaining access to tobacco products are an integral part of a comprehensive tobacco control program. The Tobacco Vendor Education Program, mandated under Article 11 of the Suffolk County Sanitary Code, went into effect in January 2002. The new amendment required all retail establishments that sell tobacco products to send at least one employee to a two-hour class

given by tobacco enforcement staff. The course is designed to make tobacco vendors aware of the harmful health effects of tobacco use and the importance of keeping every pack of cigarettes out of the hands of children. Vendors also are reminded of the laws that apply to businesses and the penalties associated with the illegal sale of tobacco products to minors. Fifty-three classes were given in 2002 and 1,177 vendors attended.

Two new local laws with regard to smoking restrictions went into effect during the year. The first required county buildings and hospitals to restrict outdoor smoking within 50 feet from public entrances. The second required bowling alleys to become 100 % smoke free at all times. Compliance visits to bowling alleys during evenings revealed that most were fully complying with the new law.

Compliance checks related to the New York State Adolescent Tobacco Use Prevention Act resulted in visits to 2,030 retail vendors. These visits included tobacco purchase attempts with a minor employed by the Office of Health Education for this purpose. There were a total of 144 violations resulting in \$89,350.00 in fines assessed. The compliance rate was 93% for the year.

In 2002, educators from the Office of Health Education provided a total of 275 HIV/AIDS presentations to a total of more than 7,100 participants. High school students continued to be the primary audience for these programs. Presentations were also made to middle school

students, youth group staff, teachers attending continuing education classes and college classes.

Three high schools participated in the HIV/AIDS Peer Education program in 2002, and 87 students were trained. Trainings were held weekly over a five-month period, preparing high school students to teach those in middle school. High school students were trained to teach several lessons about various HIV/AIDS facts in a manner appropriate to their younger counterparts. The lessons included information on HIV transmission, prevalence, prevention and treatment. Also included was information on other sexually transmitted infections and their connection with increased risk for acquiring HIV. Psychosocial aspects, such as compassion and sensitivity were also emphasized. A total of 55 meetings were held with students. Their peers taught over 1,500 middle school students.

There were 399 presentations addressing sexually transmitted infections and diseases (STI/STD) made to over 11,300 Suffolk participants. As with HIV/AIDS presentations, high school and middle school student populations were those most often addressed.

A total of four defensive driver insurance/point reduction classes were provided to over 110 County employees during 2002. Other presentations were provided upon special request. Topics included were: relaxation, puberty education, and health education careers. In addition, two new pamphlets were developed to fulfill requests from schools and community groups.

**COUNTY OF SUFFOLK  
DEPARTMENT OF HEALTH SERVICES  
BUDGET**

DESCRIPTION	2001 <u>BUDGET</u>	2001 <u>EXPENDED</u>	2002 <u>BUDGET</u>	2002 <u>EXPENDED</u>
Grand Total - Health Services	334,826,835	317,175,657	353,469,516	335,272,436
Administration	12,743,974	9,659,200	10,899,497	10,343,336
Public Health	10,423,669	9,139,681	11,303,790	5,721,292
Patient Care Services	66,752,744	62,632,233	66,368,638	64,147,455
Alcohol & Substance Abuse Services	18,250,129	18,381,403	0	0
Community Mental Health Hygiene Services	29,078,859	29,125,341	51,300,472	57,786,697
Environmental Quality	11,362,705	10,462,986	11,799,771	12,031,908
Emergency Medical Services	2,112,971	1,718,336	1,933,273	1,704,017
Medical, Legal Investigations & Forensic Sciences	7,622,647	7,403,772	7,969,776	7,775,545
Services to Children with Special Needs	125,622,296	122,460,407	128,667,828	128,998,474
Suffolk Health Plan	30,095,264	25,659,898	41,521,169	24,822,941
County Nursing Home	20,761,577	20,532,400	21,705,302	21,940,771



## **VITAL STATISTICS DATA**

- Vital Statistics Rates by Township of Residence: 2001 Comparison of Suffolk County with Other Areas
- Vital Statistics Rates by Township of Residence: Suffolk County 2001
- Number of Selected Notifiable Diseases by Township of Residence: Suffolk County 2001 and Provisional 2002
- Rates of Selected Notifiable Diseases by Township of Residence: Suffolk County 2001 and Provisional 2002.
- Number of Deaths from Leading Causes by Township of Residence: Suffolk County 2001
- Crude and Age Adjusted Death Rates from Leading Causes by Township of Residence: Suffolk County 2001
- Natality Rates: Suffolk County 1992-2001: A Ten Year Review
- Mortality Rates: Suffolk NY 1992-2001: A Ten Year Review
- Infant Deaths by Race Frequencies and Rates: Suffolk County 1992-2001
- Annual Infant Mortality by Race: 5 Year Moving Average: Suffolk County NY
- Selected Causes of Mortality: Suffolk NY 1992-2001
- Cancer Mortality by Site: Suffolk NY 1992-2001
- Lung and Breast Cancer Mortality: Suffolk County NY 1992-2001
- Acquired Immune Deficiency Syndrome (AIDS) United States and Suffolk County Risk Factor Cumulative Data through December 31, 2002

Vital statistics data for 2001 will be posted on the Department of Health Services' web site, [www.suffolkcountyny.gov/health](http://www.suffolkcountyny.gov/health), under *Information for Researchers*, as soon as it is available. You may also call 631-853-2996, and a copy will be sent to you.



**ROBERT J. GAFFNEY**  
County Executive

**CLARE B. BRADLEY, M.D., M.P.H.**  
Commissioner

**SUFFOLK COUNTY  
DEPARTMENT OF HEALTH SERVICES**